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1 October 1982

**WORLDWIDE REPORT
EPIDEMIOLOGY**

No. 296

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ANGOLA

BRIEFS

POLIO VACCINATION CAMPAIGN--Late yesterday morning during a press conference with the national news media, Agostinho Mendes de Carvalho, minister of health, announced that the fifth national vaccination campaign against polio-myelitis will begin next Sunday, 22 August. "This campaign, like the previous ones," said this member of the MPLA-Labor Party Central Committee, "is among the Ministry of Health's concerns to develop operations that are conducive to the fulfillment of party directives, with the view to reinforcing the health of mother and child in our country, and is mainly aimed at eradicating polio-myelitis from national territory." He said, further on, that Luanda city recorded about half of the total number of infantile paralysis cases throughout the entire country, known to his ministry. During the press conference, the minister of health also stressed that this campaign will make it possible for a million children up to 5 years of age, scattered throughout the national territory, "except in those sections still occupied by South African racist troops," to be safeguarded from poliomyelitis. On comparing this campaign with previous ones, Dr Raul Feio, national director of public health, emphasized that during the campaigns about 6.0 million children had been vaccinated and that, although not yet totally wiped out, a progressive decrease in polio-myelitis cases can now be confirmed. After stating that this operation would be continuous and permanent, Dr Feio announced that the beginning of the second and last vaccination of this campaign is 3 October. [Excerpts] [Luanda JORNAL DE ANGOLA in Portuguese 19 Aug 82 p 1] 8870

CSO: 5400/5757

BAHRAIN

DISEASE STATISTICS GIVEN

Manama GULF MIRROR in English 17 Jul 82 p III

[Text]

DISEASE figures for April published by Bahrain's public health directorate reveal that the number of cases of typhoid, hepatitis and malaria was slightly higher than in the same month of 1981.

There were 12 cases of typhoid during April, compared with five in the same period last year. A total of 19 cases of viral hepatitis were reported, compared with 18 in April 1981, and 14 cases of malaria against 11 last April. All the malaria cases were imported.

There have been no reported cases of polio or diphtheria only one of meningococcal infection and two of tetanus in the first four months of the year. Five cases of salmonella enteritis were reported and 22 intestinal carriers of salmonella were detected during April.

In the first 16 weeks of the year, 458 cases of measles were reported. Of these, 19 had been vaccinated against the disease and the remaining 439 had not. The outbreak hit children between the ages of one and four years most severely.

This age group accounted for 45 per cent of all cases. Thirty-five per cent of cases occurred in five-to-nine-year-olds and 11 per cent among babies of between six-and-11 months.

During April, 767 people, mainly children, were vaccinated against measles. There were 45 anti-tetanus injections, 2,766 BCG injections, 1,053 vaccinations against cholera, 11 against yellow fever and 32,428 against typhoid.

CSO: 5400/4737

NUMBER OF DEATHS FROM CHILDREN'S DISEASES REPORTED

Dacca THE BANGLADESH TIMES in English 21 Aug 82 pp 1, 8

[Article by Zainul Abedin]

[Text] About 25 children of age between one day and ten years die of paediatric diseases in the city every day.

The estimate is based on the death figures supplied by different hospitals including Shishu Hospital, clinics, graveyards, Anjuman-e-Mufidul Islam and other social and voluntary organisations.

Children die primarily of Broncho-Pneumonia, Dysentry, Diphteria, Infection and other diseases.

Talking to the Times Dr M.S. Akbar, Director, Shishu Hospital said that five children out of 42 admitted to the hospital last Thursday died on the same day. "They were brought in a serious condition," he said, adding "sometime we take the patient in to write their death certificates."

Dr Akbar said last week 22 children died; out of them 15 died within 48 hours because their conditions were very serious.

Giving the figure of the children in the hospital, Dr Akbar said at present 608 children were under treatment in the hospital, of them 33 were in the emergency ward.

Dr Akbar said that last month one thousand children were admitted of whom 120 died.

Explaining the cause of high mortality of children Dr Akbar said delayed arrival of the patients, unawareness of the parents about child-care and socio-economic condition were factors that led to the high rate of deaths of children in the city.

Though the mortality of children is not alarming, yet it has caused concern.

The in-charge of Azimpur graveyard told the Times, "We bury 40 bodies every day, 70 percent of which are bodies of children below the age of one day. Similar statement was made by the in-charge of Zurain graveyard.

BANGLADESH

BRIEFS

DIPHTHERIA EPIDEMIC--Sherpur, Aug 14--Diphtheria has spread in an epidemic form in Sherpur town. It has already claimed the lives of two children in a couple of days. At least 25 children have been attacked with the disease of acute throat infection in the town and the adjoining areas. Of them, 12 were rushed to Mymensingh Medical College Hospital for treatment. A medical officer of the local hospital told New National correspondent although the necessary medicines are available in the town, proper treatment of the patients is not possible due to the shortage of doctors and specialists. [Text] [Dacca THE NEW NATION in English 15 Aug 82 p 1]

CHOLERA IN MAGURA--Magura, Aug 19--Seven persons died and five others were attacked with cholera in Goeshpur, Malithia and Shaturia village under Sreepur thana of Magura subdivision. The Deputy Civil Surgeon, Magura, said that the Secretary of pure drinking water and food poisoning are the causes of the outbreak of the disease. Children are the worst affected. The Health Department has undertaken vigorous vaccination drive to combat the disease. [Text] [Dacca THE NEW NATION in English 21 Aug 82 p 2]

CSO: 5400/7111

CAMEROON

MEASLES CAMPAIGN LAUNCHED IN ESEKA

Yaounde CAMEROON TRIBUNE in French 27-28 Jun 82 p 6

[Text] Nyong-et-Kelle department in general, and the town of Eseka in particular, have recently been threatened by an epidemic of measles. The victims were mostly infants under 6 months of age.

As soon as the epidemic was identified, the head of the department of preventive and rural medicine, Dr Mathieu Kamwa, took appropriate steps to stem the epidemic. Among other things, he organized speeded-up vaccination sessions [for the people in the area].

Since the operation began about 3 months ago, 1,035 infants have been vaccinated. Other cases of measles tracked down in the Ekoaman and Otele region resulted in steps to stem the epidemic very quickly.

The second phase of the vaccination campaign which is going to get under way soon promises to be more difficult, especially because of the poor condition of the roads and backroads which have been subject to unusually heavy rains this season. Nevertheless, the team of the departmental center of preventive medicine is not giving up. It is planning to overcome every obstacle in order to guarantee the health of the population. During this second phase, the vaccination team will go out to immunize people against measles, tuberculosis and Koch bacilli.

9516
CSO: 5400/5712

CYPRUS

GARBAGE ACCUMULATION POSES HEALTH THREAT

Nicosia HALKIN SESI in Turkish 17 Jul 82 p 2

[Report by Mehmedali Gokdel]

[Text] The health of the people of Nicosia is threatened because of irresponsible acts by the municipal authorities.

Officials of the Nicosia Municipality sometimes give speeches about modern municipal services and say that they are providing all the services expected from a modern municipality.

It seems that while giving advice to the citizens about how a modern municipality should operate, the Nicosia Municipality has come to the conclusion that its services are not modern, and, so, it has stopped providing them.

Sanitary services have begun to be excluded from the list of modern services provided by the Nicosia Municipality, and the people have been left to live in unhealthy conditions in an apparent disregard for the cleanliness of the city.

Examples of this situation can be found around the Nicosia Municipal Market.

Although garbage dumping sites are supposed to be outside the city, the Nicosia Municipality is using a warehouse on Kuyumcular Street, where a lot of foodstuffs are produced and which is located behind the Municipal Market, as a garbage dumping site. It has been learned that the people living in the area are annoyed by the noxious odor of the dumped refuse which also poses a health hazard for the area.

The problem is made all the more serious by the fact that there is a candy factory and an ice cream plant near the garbage warehouse. Health experts we talked to said that the presence of so much refuse near the Municipal Market, where so many foodstuffs are produced and where people buy most of their consumption items, is a public health hazard, that it may cause an epidemic at any time, that food poisoning may occur, that there may even be deaths and that all dumping grounds must be outside the city in order to protect public health and the environment.

Shopkeepers working in the street where the garbage warehouse is located said that they cannot even stay in their shops because of the noxious odor coming from the dumped refuse. They said: "If we cannot be comfortable in our shops, it is highly unlikely that customers will ever come to our shops."

Meanwhile, citizens we talked to said that the Municipality is not giving the sanitation issue the attention it needs and that the Municipality must enlighten the people about sanitation. The citizens stated, however, that the Municipality does not even issue a statement on Environment Day which is regularly marked every year. The citizens added that the pollution of the environment by the Municipality itself is a shameful situation.

9588
CSO: 5000/5342

RATS TO BE FOUGHT WITH FLAME THROWERS

Cairo THE EGYPTIAN GAZETTE in English 24 Aug 82 p 2

[Text] FLAME-THROWERS will be used along with poisons in the campaign to exterminate millions of rats endangering the public health and national economy, according to the leader of the national campaign, Dr Bahgat Omar, the Under-secretary of the Ministry of Agriculture.

50,000 agronomists and 150,000 workers will take part in the campaign which will be using a fleet of huge trucks in addition the specially imported poison mixers.

The stock of pesticides, said Dr Omar, suffices to combat rats on an area of 5,500,000 feddans. The potential of the Armed Forces will be used in dealing with the use of flame-throwers.

Despite coordinated cooperation between the Ministry of Agriculture and the Ministry of Health during the past years, an expert said, it has been proved beyond doubt that the Ministry of Agriculture has lost the first round in the confrontation with rats.

As the first step to success begins with realising the reasons behind the failure, the expert argued, we have to study the defects of the previous campaign which started last March and lasted three months till it had to be stopped owing to the exhaustion of the stock of pesticides

The lingering campaign, because of red-tape and committees meetings, has provided a golden opportunity for the rats to multiply freely and use their instinctive potential to safeguard their offspring everywhere in the infested areas.

The rats which could survive the previous campaign, the expert said, were those who brought up the new generations of wilder rats which devour our plantations, break into our granaries, and even defy people trying to catch them.

The first principle that should be adopted in the forthcoming campaign will be therefore: "Not to stop for one single day", said Dr Omar.. "It is vital that the rats must face inevitable extermination."

A headquarters has been set up in the Ministry of Agriculture under the supervision of the Undersecretary for Combating Affairs, Mr Bahgat Omar. Representatives of 15 ministries and various bodies participate in the supervision.

The Undersecretary Mr Bahgat said that agreements had been concluded to import 6000 tons of pesticides from Britain and France costing L.E. 4.5 million.

He added that the campaign will last 30 days and will be repeated every six months for three consecutive years. Maintenance operations in the areas to be cleared of rats will continue after each campaign.

The effect of the pesticides to be used in the campaign will appear after five days and will cause the death of rats which will be burned afterwards to prevent epidemics, he said.

CSO: 5400/5024

GUYANA

MYSTERY DISEASE KILLS 12 PATIENTS IN MENTAL HOSPITAL

Virus-Like Symptoms

Georgetown GUYANA CHRONICLE in English 25 Aug 82 p 1

[Text] Doctors have not yet been able to identify a mysterious fast-acting disease which has taken the lives of eleven patients at the Fort Canje Mental Hospital and caused fifteen others to be hospitalised.

Chief Medical Officer Dr. Walter Chin told the Chronicle yesterday afternoon that blood samples are being sent to the Caribbean Epidemiology Centre (CAREC), in Trinidad, for biological studies.

Medical practitioners here, Dr. Chin said, feel that the symptoms indicate a virus that is fatal to those patients whose resistance is weak.

However investigations, including post-mortem examinations have so far failed to reveal the cause of death. Permanent Secretary in the Ministry of Health Claude Philadelphia said that the results of local chemical and biological analyses would have been considered yesterday evening and that the Ministry was sparing no effort to identify and isolate the disease.

The Ministry of Health statement signed by Dr. Chin and Cde. Philadelphia follows:

The Ministry of Health is viewing with great concern the fact that eleven (11) deaths have occurred over a period of one week at the Fort Canje Hospital, nine (9) of these deaths occurring over a period of 72 hours. In addition, fifteen (15) patients from Fort Canje have been admitted to the New Amsterdam Hospital. Of these five (5) are seriously ill. All patients are male and with the exception of two, came from the same ward at the Fort Canje Hospital.

On Monday 23rd August, 1982, the Minister of Health, Dr. Richard Van West Charles, the Permanent Secretary, Cde. Claude Philadelphia, the Chief Medical Officer, Dr. Walter Chin, Principal Medical Office, Dr. E. London and Cde. Wayne Joseph, a member of the Government Analyst Department visited the Fort Canje and New Amsterdam Hospitals to assess the situation.

Discussions were held with personnel at both hospitals and patients who were transferred to the New Amsterdam Hospital were visited and examined by members of the Ministry of Health team. The team was also present when post-mortems were carried out.

Investigations including post-mortem examinations have so far failed to reveal the cause of death but investigations are still proceeding and blood samples are being sent to CAREC (Caribbean Epidemiology Centre) for biological studies. In addition, further investigations are being undertaken by the Government Analyst Department.

Failure of Quarantine

Georgetown GUYANA CHRONICLE in English 26 Aug 82 p 1

[Text] ANOTHER Fort Canje hospital patient died within the last 24 hours bringing the number of victims to an unknown affliction to twelve.

Doctors at the New Amsterdam Hospital, to which the Fort Canje Hospital patients are transferred at the first signs of distress, have been looking on hopelessly as what is suspected to be a fast-acting and rare strain of virus claims victim after victim.

Quarantine procedures at the Mental Hospital have proved inadequate as inmates in another part of the male section of the compound, beyond the confines of the isolated area have also been stricken. The medical authorities are encouraging relatives to take to safety those patients well enough to be discharged and no admissions are being made.

The authorities hope to contain the illness and are watchful for the muscular atrophy, signs of cardiac arrest and the dilation of the pupils of the eye that signal its onslaught.

Reports from Berbice say that the citizens of New Amsterdam are calm, even though they would be the first to be affected should the affliction spread.

The Ministry of Health received the results of chemical and biological analyses yesterday, but is still unable to identify the source, organic or otherwise, of the ailment.

But blood samples have been sent to the Caribbean Epidemiological Centre in Trinidad for testing. Results should be available in a week or two.

CSO: 5400/7583

HONDURAS

MEASURES BEING TAKEN TO PREVENT HEMORRHAGIC DENGUE

Tegucigalpa LA TRIBUNA in Spanish 20 Jul 82 p 3

[Text] To prevent the entrance into the country of type 4 (hemorrhagic) dengue which comes from the Caribbean area, public health authorities of the northern coast are completely fumigating every maritime craft which arrives at any port in that area along with its crew.

According to official reports, hemorrhagic dengue is an endemic disease afflicting a large percentage of Belize's population and reports from Suriname indicate also that that part of the Caribbean area is also afflicted with it.

According to observations made by Alberto Guzman Banegas, head of the Epidemiology Department of the Ministry of Health, hemorrhagic dengue is appearing in the same way as it did in 1978 when a large proportion of the population of the northern area was afflicted. Those persons who previously contracted it are the most susceptible to catching it again.

It is called hemorrhagic because the clash between the antibodies which everybody has and type four virus causes the rupture and destruction of blood vessels resulting in hemorrhaging from the nose, mouth and rectum. In some cases it can be fatal but if the patient is properly treated he recovers rapidly and completely.

Guzman Banegas said, "There is no cause for alarm because the proper preventive steps have been taken to prevent this disease from attacking us. Among the precautions is that of keeping strict watch over every foreign ship that comes from the Caribbean area." According to the report, airplanes arriving from abroad are also being fumigated.

Besides, the San Pedro Sula health authorities have formed an antihemorrhagic dengue committee consisting of Edgardo Umana Erazo, deputy director of Health Region No 3; Francisco Segurado Solis, head of the Health Education Department; and Guillermo Octavio Flores, director of the Miguel Paz Baraona Health Center.

Yesterday the committee met with civil and military authorities of that city seeking interagency support for the eradication of the Aedes aegypti mosquito which transmits the disease in its larval stage.

Umana Erazo said that about 30,000 San Pedro Sula primary school children will comb the city picking up cans, tires and any other receptacles with stagnant water which is the medium in which the vector develops.

The committee requested the city's inhabitants to provide motorized groups to facilitate the transportation of the school brigades.

9204
CSO: 5400/2201

HONDURAS

BRIEFS

TUBERCULOSIS PROBLEM SERIOUS--Alberto Guzman, head of the Epidemiologic Division of the Ministry of Public Health and Social Welfare has reported that the tuberculosis problem in Honduras is very serious since the Ministry's statistics indicate that about 1,500 persons are afflicted yearly. The most unfortunate feature of this disease is that it usually strikes the groups who are most productive, especially men, which weakens the economy of several sectors of the country. The Ministry of Public Health has medications to treat the disease. However, the patients only come to the health centers when the disease has reached its most critical stage. Besides, lack of cooperation between the various communities contributes to deaths from tuberculosis since neither the relatives, friends or even the patient go to the health centers for check-ups. Guzman said, "Therefore, the ministry has informed the various communication media that persons who cough up sputum should go to the various health units of the nation for appropriate tests to diagnose the illness." [Text]
[Tegucigalpa LA TRIBUNA in Spanish 10 Jul 82 p 3] 9204

CSO: 5400/2201

SHORTCOMINGS IN NATIONAL MALARIA PROGRAM SCORED

Calcutta THE STATESMAN in English 20 Aug 82 p 8

[Editorial]

[Text] Though anti-malaria measures are said to account for 40 percent of the national health budget and more than Rs 250 crores have reportedly been spent in the past 20 years on combating the disease, there were 12 lakh more malaria cases in the country last year than there had been a decade ago. A Calcutta-based survey has shown a steady increase in the incidence of the disease in the city from under 300 cases in 1973 to over 6,600 cases in 1981. While over 200 million people are estimated to be exposed to the threat, the National Malaria Eradication Programme continues to be afflicted by organizational and administrative shortcomings and a lack of a clear-cut policy regarding the use of insecticides. In the mid-seventies the use of DDT was discontinued after a World Health Organization survey showed that not only had the malarial parasite developed resistance to it but prolonged use of the insecticide could also create human health hazards. But the ban was never really effective, even though another non-toxic insecticide, Malathion, had been developed to replace DDT. A substantial public investment was made to produce the new insecticide, but the units making it are in the doldrums apparently owing to a lack of demand.

To bypass the insecticide problem and to provide a new initiative in the campaign against malaria, some experts are trying to shift the emphasis to a biological method of control. In one experiment a particular type of fish known to feed on mosquito larvae were released in surface drains and tanks in a Calcutta suburb. Though after three months a "significant" decrease of larvae was noted, officials concede that this method, though helpful, is by itself not enough to eradicate or even control the disease. A more ambitious project undertaken by the Vector Control Research Centre in Pondicherry involves a "microbial insecticide" based on a bacillus first isolated in Israel some years ago. Indian scientists are said to have developed an indigenous strain which initial tests have shown is deadly for larvae which feed on it. The Department of Environment has reportedly given its clearance for extensive field tests to be carried out with the bacillus and the Tamil Nadu Government has been approached to provide a suitable site. Though it is too early to say how effective it will eventually prove, the new "biocide" may have both economic and ecological advantages over traditional insecticides.

INDIA

BRIEFS

ENCEPHALITIS REPORTED IN WEST INDIA--Panaji, (Goa, Western India), Friday-- The deadly disease of Encephalitis fever has taken a toll of 14 lives in Goa, according to the official figures released here last night. Goa's Chief Minister, Mr Pratapsinh Rane told pressmen here on Wednesday that the deaths announced are from June this year. There was no death during this week. Due to the general panic created by the rumours, people have stopped eating meat and fish with the result there is a glut of these perishable articles in the markets all over Goa. Experts from the National Institute of Virology, Pune, who have come to Goa are yet to submit their reports. They have taken samples of blood and spinal fluid of the persons suspected of having the fever. (PTI) [Text] [Colombo DAILY NEWS in English 21 Aug 82 p 7]

VIRAL FEVER EPIDEMIC--The Capital is in the grip of an epidemic of viral fever, reports PTI. For the last two weeks the virus has been sweeping the city afflicting children and the grown-ups alike. Schools have reported decreased attendance by children and teachers. Private doctors and out-patient wards in city hospitals are flooded with viral cases. Whole families are down with the viral fever, according to Prof O.P. Ghai, chief paediatrician of the All-India Institute of Medical Sciences hospital. A South Delhi private clinic said that 80 percent of the cases attending the clinic are suffering from the viral fever. Symptoms of the disease are high fever, stomach discomfort and body pain. According to Prof Ghai, the fever is self-limiting and antibiotics are of little help. The virus has so far not been identified and doctors are not sure if it is a flu virus. The cause of the virus is not known but one doctor said it might be due to the weather condition. [Text] [New Delhi PATRIOT in English 24 Aug 82 p 10]

CSO: 5400/7108

JAMAICA

BRIEFS

TYPHOID CASES--Four cases of typhoid have been reported and confirmed in southern Trelawny. This was disclosed at yesterday's meeting of the Trelawny parish council by the chairman of the water committee, who said that the reason for the appearance of the disease in that area was due to the lack of proper water distribution. [FL101758 Kingston Domestic Service in English 1000 GMT 10 Sep 82]

CSO: 5400/2217

MALAWI

BRIEFS

POLIO VACCINATIONS--RUMPHI, Sunday--OVER 3,000 children under the age of five years received anti-polio vaccines during a three-month immunisation campaign conducted in the district here. The first phase of the campaign, which started early May in Rumphi, ended last week and listed 3,306 children as having been vaccinated against the disease. Rumphi Hospital officials here said that a 75 per cent vaccination record had been achieved during the campaign although only a little over 1,000 children were yet to be immunised against polio in the district. The officials, however, observed lack of adequate publicity in some areas contributed to a 50 per cent turn-up of children for vaccination instead of more. [Text] [Blantyre DAILY TIMES in English 9 Aug 82 p 3]

CSO: 5400/5758

DENGUE FEVER REPORTED IN ALL STATES

New Cases Reported

Kuala Lumpur NEW STRAITS TIMES in English 31 Aug 82 p 3

[Excerpt]

KUALA LUMPUR, Mon. — Forty-five new cases of dengue fever were reported today, bringing the total number to 2,194 throughout the country since the outbreak of the disease.

A Health Ministry spokesman said 11 of the new cases were dengue haemorrhagic fever cases.

In Petaling Jaya, a total of 32 homeowners have been prosecuted in court by the Municipal

Council for allowing aedes mosquitoes to breed in their compounds.

All of them were convicted and fined a total of \$2,940.

The council also booked 409 others whose offences were compounded on payment of fines from \$50 to \$100 each.

Compound fines collected by the council so far totalled \$11,055.

This action follows the tough stand adopted by the council in its anti-

dengue drive.

"The council takes a very serious view of dengue and will not tolerate homeowners who fail to rid their compounds of receptacles which can serve as breeding places for the aedes mosquitoes," the council's assistant public relations officer, Cik Norshidah Saabin, said.

Until last week the municipality's health officials had inspected 42,768 households, business premises and construction sites.

Control Measures

Kuala Lumpur NEW STRAITS TIMES in English 25 Aug 82 pp 1, 2

[Text]

KUALA LUMPUR, Tues. — The Health Ministry will be integrating all its units involved in combating disease-bearing insects for an all-out war against aedes mosquitoes.

Health Minister Tan Sri Chong Hon Nyan said manpower from the various units would be deployed to give more clout to the anti-dengue campaign.

He said the units now carrying on their work of fighting malaria and other virus-bearing insects would come together to put a halt to the current dengue epidemic.

Tan Sri Chong said these units would however, not neglect their normal routine in combating the other diseases.

Tan Sri Chong was speaking at the opening of the emergency meeting of the National

Epidemic Committee at the Health Ministry this afternoon.

He hoped the meeting did not give the public cause for alarm as it was only meant to review all anti-dengue activities in all States. "We need to see if we have to change our tactics."

He said one reason for the astonishingly high number of dengue cases reported this year was an increased awareness amongst members of the public with regard to the disease's symptoms.

"They go to hospitals immediately for treatment if they suspect dengue," he said.

This year chalked up the largest number of dengue fever and DHF cases since 1974 — the year of the last epidemic.

The latest figures compiled by the ministry indicate 1,828 cases were reported this year. This is in comparison with

1,482 reported for the whole of 1974 which included 104 deaths all due to DHF.

The number of deaths recorded in the current dengue epidemic stands at 30.

Almost all the deaths this year were due to DHF although the largest number of cases reported were dengue fever cases.

Tan Sri Chong said the development of a vaccine to immunise people against DHF or dengue fever is still in the early stages.

A certain type of vaccine has been tested but while it appeared effective, the findings were not conclusive.

The Institute of Medical Research and the World Health Organisation are both researching the prevention and treatment of the disease with vaccine and drugs.

Tan Sri Chong said patients could right now only be given supportive treatment such as bed rest and careful observation of their symptoms.

Paracetamol is given for pain and fever while bleeding or shock is treated with intravenous fluid or blood transfusion.

"The only way you can get rid of the disease is to get rid of every mosquito in the country," Tan Sri Chong said.

"It is a tropical disease, something that happens every year and has always been with us," he said.

Today's meeting was chaired by the Director-General of Health and Medical Services, Datuk Haji Abdul Talib Latiff. It was attended by representatives from various ministries, City Hall and heads of various departments in the Health Ministry.

Health Ministry Data

Kuala Lumpur NEW STRAITS TIMES in English 11 Aug 82 p 5

[Text]

DENGUE DATA

**DENGUE Fever (DF) and Dengue Haemorrhagic Fever (DHF)
statistics for the period from Jan 1 till Aug 9, 1982:**

State	DF	DHF	Total	Deaths
Perak	108	72	180	2
Penang	71	88	159	1
Selangor	100	47	147	5
Johore	78	38	116	1
Federal Territory	44	43	87	6
Kelantan	67	9	76	3
Malacca	23	23	46	2
Negri Sembilan	12	13	25	1
Pahang	13	0	13	0
Kedah	6	3	9	0
Sarawak	5	1	6	1
Trengganu	2	0	2	0
Perlis	0	0	0	0
Sabah	0	0	0	0
Total	529	337	866	22

LAST DEATH: Aug.10 in Kota Baru

Deaths in each month until Aug 10:

January	2	May	4
February	0	June	5
March	3	July	4
April	4	August	1

**DENGUE Fever (DF) and Dengue Haemorrhagic Fever (DHF)
breakdown for the period from Jan 1 till July 31, 1982.**

Age group	Total	Confirmed DHF	Males	Females
Below one year	8	4	4	4
1—4 years	31	21	10	10
5—9 years	67	36	31	31
10—14 years	47	22	25	22
15—19 years	32	15	17	15
20—24 years	32	17	15	17
25—29 years	23	12	11	11
30—34 years	9	5	4	5
35—39 years	6	3	3	3
40 years and above	13	6	7	6

● SOURCE: Health Ministry.

SEREMBAN AREA DECLARED CHOLERA-INFECTED

Kuala Lumpur NEW STRAITS TIMES in English 4 Aug 82 p 16

[Text]

SEREMBAN, Tues. — Seremban has been declared a cholera-infected area following the death of an 89-year-old man who was suspected of having contracted the disease.

Deputy State Medical and Health Director Dr Abdul Hamid bin Abdul Kadir advised residents to boil their drinking water, not to eat uncovered food, and to keep their compounds clean.

The suspected cholera victim was admitted to the General Hospital here on Sunday. He died at 2 pm yesterday.

Dr Abdul Hamid advised the public to go to Government clinics immediately if they suffered from stomach pains, diarrhoea and vomiting. These are cholera symptoms.

He, however, assured the public that the situation was under control. The authorities had already taken preventive measures since the first reported case in Jempol

last week.

All health centres in the State have been directed to steps to prevent the disease from spreading.

Dr Abdul Hamid said three women who were admitted to the Kuala Pilah hospital recently because of suspected cholera had been discharged.

Dr Abdul Hamid also said 21 dengue cases had been reported so far this year. Last year's figure was 28.

This year's cases were detected in Rembau and Seremban. The most recent one was that of a child from here, Dr Abdul Hamid said.

The child was admitted to hospital during the fasting month but was discharged before Hari Raya Puasa.

Dr Abdul Hamid said 27,734 houses in the State had been fumigated up to June this year.

Of this figure, 265 houses were found to have mosquito-breeding places. Bernama.

CSO: 5400/8433

TRAVELERS MAY HAVE BROUGHT MALARIA FROM THAILAND

Kuala Lumpur NEW STRAITS TIMES in English 16 Aug 82 p 10

[Text]

ALOR STAR, Sun. — The recent outbreak of Malaria in the Sik District may be due to the increase in the number of people returning from Thailand with the fever.

A spokesman for the District Health Centre said the number of cases reported this year was significantly higher than previous years.

Sixty people in the district had the fever last June and July. Two

of them were admitted to the Sungai Petani hospital for intensive treatment.

The patients were mainly from Kampung Landai, Kampung Melaka and Kampung Sungai Batang. All three kampungs are less than 25 km from the Thai border.

The spokesman said the Sik District had been marked a "late attack" area, which means Malaria is still existent there.

He said 50 of the 60 cases in June and July were detected by the Anti-Malaria Unit. The other ten cases were detected at the District Health Centre.

He said the unit was making monthly checks to ascertain the number of cases imported from Thailand.

He added that fogging operations to eliminate mosquito breeding grounds were being carried out in the district every six months.

CSO: 5400/8433

MALAYSIA

BRIEFS

DENGUE TOLL--Forty-three new dengue cases were reported throughout the country on 3 September, bringing the total number of the cases since the outbreak to 2,342. The death toll remained at 22. [BK041203 Kuala Lumpur Domestic Service in English 1130 GMT 3 Sep 82] According to the Health Ministry, 36 new dengue cases, including four dengue hemorrhagic cases, were reported on 4 September, bringing the total number to 2,377. [numbers as heard] [BK041203 Kuala Lumpur Domestic Service in English 1130 GMT 4 Sep 82]

CSO: 5400/5786

MEXICO

BRIEFS

MORELOS RABIES CASES--Cuernavaca, Mor., 15 August--Jose Guadalupe Jimenez, a child, has died of rabies. At the same time Fortunata and Maria Guadalupe Mendoza Samano, who are sisters, are in danger of dying as a result of attacks by dogs on the loose in the town of Jiutepec. The director of the Cuautla Civilian Hospital, Alberto Mora Gutierrez, said that 11-year old Jose Guadalupe Jimenez died last night as a result of an attack by rabid dogs on the 3rd, on Libertad Street, in the Gabriel Tepepa settlement. The mayor of Jiutepec, Pedro Rodriguez Sanchez, reported that the Fortunata and Maria Guadalupe Mendoza Samano sisters are suffering from rabies. He added that the latter were bitten this past Friday on November 20 Street. He said that Fortunata and Maria Guadalupe were hospitalized in the infirmary of the SSA [Secretariat of Health and Assistance], as was also 24-year old Evangelina Lozano, a nurse who was attacked by the children while she was trying to help them. [Text of article by Pablo Castaneda, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 16 Aug 82 p 10-D] 8255

GUATEMALA-LINKED TABASCO MALARIA--Villahermosa, Tab., 30 Jul --Seven hundred and fifty-three cases of malaria have been detected in the area up to 17 July, said engineer Jose Guadalupe Castro Aviles, chief of Zone 02 of the National Commission for the Eradication of Malaria. Ninety percent of the cases were in the towns of Tenosique, Emiliano Zapata, and Balancam, but he indicated that the persons who have already been afflicted do not present any danger now. The towns that are most affected are near the Guatemala border, where there is illegal migratory traffic of Central Americans to Mexico and those who are infected and enter Mexico spread malaria there. Castro Aviles said that Guatemala is the country that is most afflicted with that disease, because there are many breeding places of the "Anopheles" mosquito there. [Text of article by Jorge Gonzalez Valdes, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 31 Jul 82 p 33-A] 8255

CSO: 5400/2204

MOZAMBIQUE

BRIEFS

VACCINATION CAMPAIGN RUMORS--The head of preventive medicine at the Manjacaze District Hospital, informed our correspondent, Salvador Chibuntane, that the Enlarged Vaccination Campaign (PAV) was successful in the Manjacaze District, Gaza Province, having reached more than half of the established annual target for triple vaccines and BCG [Bacillus Calmette Guerin]. According to this authority efforts to meet goals for vaccination against tetanus are being endangered this year because only workmen, 1st year students and pregnant women have been vaccinated. Rumormongers, who prevented the concentration of the people even in the common settlements, aggravated this situation. As to prenatal consultations, they exceeded the target because of the clear understanding of the people who, for the most part, now realize the importance of mother-infant care. In conclusion, Salvador Chibuntane highlighted the operation carried out in combating malaria and in the sanitation of the locale, and added that, despite the lack of annual objectives, the work was successful in the entire Manjacaze District. [Excerpt] [Maputo NOTICIAS in Portuguese 12 Aug 82 p 3] 8870

CSO: 5400/5757

NEPAL

BRIEFS

GASTROENTERITIS DEATHS REPORTED--Thirteen persons have died in Thangdare village of Rasuwa district, of a disease characterized by pain in the head and back and gastroenteritis. The Health Ministry sent a two-member medical team and medicines to the affected village by helicopter yesterday RP, Member Layul Tamang has stated. [Text] [Kathmandu THE MOTHERLAND in English 28 Aug 82 p 1]

ENCEPHALITIS EMERGES AGAIN--Birgunj (RSS)--Encephalitis has surfaced again in Birgunj and surrounding areas. Out of eight persons hospitalised for encephalitis since last month, three have died, two are still under treatment and three have returned home, it is learnt from Narayani zonal hospital. Encephalitis which assumed alarming proportions since the past three or four years leaves some part or the other of the body permanently affected even if the patient is cured, according to the doctors. The need for treatment facilities as well as maintenance of cleanliness by the administration, panchas, public organisations and citizens to pre-empt the disease is widely felt. The disease spreads through mosquitos breeding on garbage which have bitten pigs or ducks, it is learnt. The local town panchayat has alerted ward members and town assembly members to the need for cleanliness in the areas. [Text] [Kathmandu THE RISING NEPAL in English 29 Aug 82 pp 1, 6]

CSO: 5400/5773

SIND GOVERNOR INAUGURATES HOSPITAL; PLEDGES MORE HEALTH FACILITIES

Karachi MORNING NEWS in English 1 Sep 82 pp 1, 8

[Text] Sind Governor Lt-Gen S.M. Abbasi said here yesterday that it was the sincere desire of the Government to set up network of hospitals in the province.

Inaugurating a modern 125-bed Sind Government Hospital in Liaquatabad, the Governor said that the Government was aware of the health requirements of the people and added that it (the Government) would leave no stone unturned in providing the health facilities to them and the preference would be given to far-flung areas and the areas which were neglected in the past.

The Governor called upon the philanthropists and social welfare organisations to come forward to help in collaborating with the Government in setting up hospitals to mitigate the sufferings of the masses. He announced that free land would be given to those organisations which would set up hospitals and clinics in the far-flung areas and backward areas of the province on non-profit no-loss basis. The Government had already waved off duty on the import of medical equipment, the Governor added.

Lt-Gen Abbasi said that President General Mohammad Zia-ul-Haq was very keen to help solve the city problems and in this connection the Governor added that the President had granted Rs 50 million for the completion of Lyari General Hospital. Half of the amount had already been received while the remaining amount was expected in the current financial year. With this grant the work of the hospital had progressed well, he added.

The Governor regretted that the previous regime did not give attention to fulfil the health requirement of the inhabitants of Liaquatabad. He hoped that with the opening of Sind Government Hospital the residents of Liaquatabad and its adjoining areas would be benefited.

Medical Board

Referring to the medical board of Civil Hospital comprising public representatives set up recently by the provincial Health Department, the Governor said this sort of boards would help bring improvement in the working

of hospitals. He said that the public participation was very much essential as it could pinpoint the shortcomings and could also check the short supply of medicines and pilferage of drugs in hospitals.

Welcoming the Governor, the Sind Health Minister Syed Ahad Yousuf said the health sector had been given top priority in planning of development projects in the province.

He said that 40 Government health institutions were available in Karachi which consisted of 2,167 beds. He said that 14 rural health centres were set up in rural areas on priority basis during 1978-89 and 1981-82.

The Minister said Rs 9.7 million had been allocated in the current ADP for another 16 health projects for Karachi alone. Mr Yousuf said the new Liaquatabad hospital was a gift to the inhabitants of Liaquatabad by the present regime.

He said that special attention had been given to the medical colleges of the province and all the vacant vacancies of Assistant Professors were filled in and 18 Assistant Professors were promoted to Associate Professors. Eleven senior doctors were promoted to Grade 19 during 1978-79 and 1981-82, the Minister added.

The inauguration ceremony was attended, among others, by the provincial Ministers Begum Tazeen Faridi, Syed Ghous Ali Shah, Mr Dost Mohammad Faizi, Mr Ghulam Mohammad Maher, Chief Secretary Masuduzzaman, Commissioner Karachi, M.M. Usmani, members of Majlis-i-Shoora Zahoorul Hasan Bhopali and Hafiz Mohammad Taqi, Deputy Mayor Karachi, Umer Yousuf Deda and member provincial council Khanum Gauhar Ejaj.

CSO: 5400/5774

PROMOTION OF HARMFUL MEDICINES BY FOREIGN COMPANIES CRITICIZED

Karachi DAWN in English 20 Aug 82 p 9

[Editorial]

[Text]

WITH the Third World offering an 8.3 billion dollar annual market for drugs, and pharmaceutical companies in the developed countries supplying almost 90 per cent of these, it is no wonder that some alarm has been caused in recent years by the practices which prevail in this trade. There are several specific factors which are cause for alarm, but the most serious charges are those which relate to these companies' marketing and promotion of medicines which are not appropriate — many are harmful and have been so declared by some countries. One recent report, for instance, made the allegation that 75 per cent of all anti-diarrhoeal drugs sold in the Third World should be classified as 'undesirable preparations'. It is these very drugs that have recently brought the matter to the limelight in this country. The Karachi branch of the Pakistan Medical Association and the College of Family Physicians claimed that clioquinol, a drug used in three anti-

diarrhoeal medicines — Entero-vioform, Mexaform and Entox — sold here was harmful, basing their arguments on actions taken against the drug in the United States and Japan. To this the Federal Health Ministry replied that it was aware of the allegations and was collecting data on it, as well as eliciting opinion within the country.

The concern displayed by the medical associations and the Ministry would have been welcome had it not been for the fact that it comes very late in the day. Medical Associations may have expressed concern earlier but they were quite manifestly unable to do anything to bring this drug under critical scrutiny in the country, although Japan banned the drug four years ago and it is said to have been withdrawn from the US market a decade ago. In the meantime it continues to be on the market here and in many other developing countries. This, incidentally, is not the only drug which has been declared un-

safe by some advanced countries and which continues to be sold and prescribed here by doctors. There are some that we know of and there must be many more of which we are unaware. Also to be considered are the medicines and tonics on the market of indigenous origin, some manufactured by well known concerns. There is every possibility that some may be useless, harmful or have undesirable side effects.

Both the medical profession and the Health Ministry will have to be more alert and active where drugs are concerned in order to protect the people. As far as the main body of the medical profession goes — and it is concerned mainly with the products of multi-national pharmaceutical companies — it should form a group, associated with PMA perhaps, to monitor

the 'performance' of drugs. If any doubts arise, such as in the case of clioquinol, experts here should assess how serious these doubts are and, if there is a possibility that a drug may be harmful, take up the matter with the Health Ministry. Pending an official decision, all medical practitioners should be advised to avoid prescribing the drug which, unfortunately, is not the case at the moment since even highly suspect preparations are prescribed. The Health Ministry on its part should display a greater degree of responsiveness than has been evident so far. Formal complaints by the medical profession should be scrutinised rapidly and action taken. It will also help if the Ministry sets up its own group to monitor international medical opinion about drugs, and to take a closer look at indigenous patent medicines and tonics.

CSO: 5400/5765

PAKISTAN

BRIEFS

BOARD FOR POOR PATIENTS--Larkana, Aug 30--A board is being set up by the Social Welfare Department who will make arrangements to send poor patients to foreign countries for treatment. The Board will be headed by Governor Sind and members will be nominated from Social Welfare and Education Department. Three prominent citizens will also be members of the Board. The Board, after making necessary inquiries, will direct only those patients for treatment abroad who have no financial resources to do so.--PPI [Text] [Karachi DAWN in English 31 Aug 82 p 4]

CSO: 5400/5774

PEOPLE'S REPUBLIC OF CHINA

SURVEILLANCE OF RURAL MEASLES FOLLOWING SCHEDULED IMMUNIZATION

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 1-3

[Article by: Liu Baocheng, Chu Jingui et al.: "Surveillance of Rural Measles Following Scheduled Immunization"]

[Summary] Since measles vaccine was introduced and popularly administered in the 1960s, cases of measles decreased on a large scale. In 1979, HINMAN et al. of the USA even suggested the possibility of total elimination of measles by 1982. In 1974-80, a program of immunizing all the 126,627 children under 15 years of age in Fengren County was carried out by the authors. Each year, sample specimens were taken from the vaccinated children for serological and immunological examinations. In 1976-77, the HI antibody positive rate was greater than 90 percent, the GMRT was greater than 10, and there was not a single case of measles in the entire county. In 1978-79, the HI antibody positive rate was less than 90 percent, the GMRT was somewhat lower, and there were a few cases of measles. The rate of children in this age group who had had measles was reduced from the 43.6 percent of 1975 to the 24.5 percent of 1981. Those who had not been sick with measles was increased from the 72.4 percent of 1974 to the 99.8 percent of 1980. The vaccine used in this program, Jing-55, produced by Beijing Research Institute of Biological Products, is relatively weak and its immunization effect does not last very long. Complete elimination of measles through simply immunizing a very high percentage of the susceptible population with this vaccine obviously cannot be accomplished. Continuously improving the immunity level of the population, preventing measles cases from entering measles-free areas, and adopting timely and effective measures whenever incidences occur will still be necessary to strengthen surveillance and control measles.

6284
CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

IMMUNITY AGAINST DIPHTHERIA IN GUANGXI SURVEYED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 12-15

[Article by: Yang Honghui, Zheng Dewen, et al.: "A Survey of Immune Level Against Diphtheria in Guangxi Province"]

[Summary] For the purpose of understanding the immune level against diphtheria of the population of all of Guangxi in order to formulate a reasonable immunization plan, the epidemic prevention stations of the various prefectures, cities, and counties of the entire autonomous region organized Schick tests for groups of children aged 6 months to 17 years. About 30 children of each age group, 500 of each county, and 1,000 from each city were tested. In 1977, 45,413 children of the various age groups and places were tested; in 1978, 44,050 children were tested. The positive rate varied from 16.6 percent of Qinzhou to 27.8 percent of Wuzhou in 1977 and 20.4 percent in Baise to 14.1 percent in Wuzhou in 1978. No obvious difference between children of Zhuang Nationality and those of Han Nationality was detected. The relationship between the positive rate and the quality of past immunization programs is discussed.

6248
CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

OUTBREAK OF BRUCELLOSIS IN HEILONGJIANG

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 25-29

[Article by: Wang Jielu, Song Guimei, et al.: "An Outbreak of Brucellosis: Its Local Occurrence and Analysis"]

[Summary] In March-April 1980, there was an outbreak of brucellosis in the Production Team No 5 of Qingkenpao Commune, Anda County, Heilongjiang Province. There are 92 households, 255 sheep, 164 pigs, 57 horses, and 5 oxen in the team. Of the 255 sheep examined, 81 were positive, amounting to 31.76 percent; of the 343 persons examined (70.43 percent of the total population), 51 persons were found to be infected, amounting to 14.87 percent. Of these, 42 persons actually became sick, more of them adult males than adult females. The production team members have not been immunized against brucellosis in almost 10 years; therefore, they are easily susceptible to the disease. Symptoms of the sick persons are described.

6248
CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

DISTRIBUTION OF CLONORCHIS SINENSIS INFECTION

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 38-41

[Article by: Chen Zuze, Liu Yuqing, et al.: "Survey of Clonorchis Sinensis Infection in 22 Counties and Municipalities of Guangdong Province"]

[Summary] In 1956, a large quantity of eggs of *Clonorchis sinensis* were found in the feces of the dried out corpses unearthed from a Ming Dynasty tomb in the eastern suburb of Guangzhou City; the burial was in 1513. Obviously, clonorchiasis has had at least 400+ years of history in Guangdong Province. In May-December 1980, the authors carried out a survey of this disease to clarify its distribution condition. A total of 16,579 persons of 22 counties (municipalities) were examined. Three of these, Zijin, Enping, and Conghua, were found to be free of this disease. Among the inhabitants of the remaining 19 counties, the rate of infection was found to be 0.4-47.4 percent, involving all age groups, more severe among adult males. The first intermediate hosts were found to be two species of snails, *Parafossarulus striatulus* and *Alocinma longicornis*, with average rate of infection of 1.08 and 1.43 percent, respectively. Secondary intermediate hosts include 7 of the 20 species of freshwater fish [domesticated] with rates of infection varying from 40.1 to 0.5 percent. The rates of infection of cats and dogs were 47.2 and 23.7 percent respectively. Symptoms of the victims are described.

6248
CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

PARALYTIC COMPLICATIONS FOLLOWING POLIOMYELITIS SURVEYED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 42-45

[Article by Du Shaoyong, Gao Zhongying, et al.: "Survey of Paralytic Complications Following Poliomyelitis"]

[Summary] Since the use of killed vaccine in 1955 and live vaccine in 1959, poliomyelitis has been quickly controlled in many countries of the world. Attenuated live vaccine began to be extended in China in 1965. Since then, the incidence of this disease has been somewhat reduced, but, judging from the country as a whole, the range of reduction, as compared with the quantity of vaccine used, remains unsatisfactory. For the purpose of clarifying the situation, Shitan Commune of Zengcheng County was selected as the target of survey. Incidence of poliomyelitis has been high in the recent decade in that commune while its overall capabilities are relatively good. The commune has an area of 80 square kilometers and the total population is 49,427 persons, with 34,081 persons 30 years of age and younger. The survey revealed 180 current victims, amounting to 5.28 percent; all are under 25 years of age. It also revealed that, in the 15 years before 1966 when the vaccination was first generally administered in that commune, there were 20 cases of poliomyelitis and, in the 15 years after 1966, there were 115 cases. Of the 160 persons who came down with the disease after 1966, 95 persons were not vaccinated (59 percent) and 21 (13 percent) did not complete the entire immunization procedure. This fact is perhaps the main reason for poliomyelitis to be not entirely controlled; yet, of these victims, 11 were administered the vaccine according to the prescribed procedure. Further study is needed to clarify the cause regarding these cases. After-effects of poliomyelitis of the 180 cases are described.

6248
CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

POLIOMYELITIC INCIDENCE IN HEBEI LOWEST EVER

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 46-48

[Article: "Epidemiological Survey of Complications Following Poliomyelitis"]

[Summary] Since the immunization program was implemented in Hebei Province, the incidence of poliomyelitis has been obviously reduced to reach the 0.1/10,000 population in the past 2 years, the lowest in history for the province. As the disease has obviously been controlled in most areas, its general surveillance should begin now. In 1980, the authors selected the area of Shangbancheng to investigate the after-effects of the 77 cases reported from the six communes there in 1970-78. There were three deaths in the group (3.9 percent). Of the 74 remaining cases, 17 had basically recovered (23 percent) in 1-2 years. By the end of 1979, 57 persons still suffered from complications, all belonging to the 3-10 age group. In that area, the vaccination work was poor before 1978 and there were 2 epidemic years of 1970 and 1977. Of the 77 cases, 72 were not immunized at all. The rate of recovery from paralysis of the upper limbs was 52.9 percent; that of the lower limbs only 26.4 percent.

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CSO: 5400/4018

PEOPLE'S REPUBLIC OF CHINA

LIVE ORAL VACCINE FOR BACILLARY DYSENTERY

Beijing ZHONGHUA LIUXINGBINGZUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 129-132

[Article by Zhao Debin, Liu Mingxin, Zhang Min, Ren Shouli, Fu Bingnan and Lou Hong: "Field Trial of Live Oral Vaccine for Bacillary Dysentery"]

[Summary] In the past 20 years, there have been several attempts to use live vaccine to control epidemics of bacillary dysentery but the results indicate that only the vaccine, SmD, produces a relatively good effect. In 1976-77, 78, and 79, the authors carried out continuous experiments of 3 years to determine whether, under the condition of not taking streptomycin, an antidysentery barrier may be established by the oral administration of three relatively small doses of Fib or F2a SmD, with one reinforcing dose a year later. Results of the study indicate that protection against bacillary dysentery may be obtained for 3 months with Fib and the protection is obtained again with a single dose administered a year later. The F2a vaccine produces no effect, however. A total of 1,403 persons of three age groups participated in the immunization test, with 1,451 persons serving as the control group.

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PEOPLE'S REPUBLIC OF CHINA

METHODS TO REDUCE INCIDENCE OF BACILLARY DYSENTERY

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 133-134

[Article: "The role of Mass Detection and Treatment of Chronic Cases Before Seasonal Prevalence in Reducing Incidence of Bacillary Dysentery"]

[Summary] In 1979, a certain regiment acquired a large number of newly transferred soldiers, in which some had a history of bacillary dysentery. In cooperation with the regimental epidemic prevention institute, the team carried out a survey of 4118 of two companies to proceed with timely isolation, treatment, and transfer of the positive cases, which amounted to 18.25 percent. Of the positive cases, many were cooks and kitchen helpers. Another 5217 newcomers belonging to two other companies were not examined to serve as the control. In the following year, the incidence of bacillary dysentery in the surveyed companies was 5.1 percent; and it was 13.8 percent in the control companies. A general survey and detection, isolation, and treatment of chronic cases appears to be an effective method for reducing the incidence of bacillary dysentery.

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PEOPLE'S REPUBLIC OF CHINA

HEPATITIS OUTBREAK IN GUANGXI SCHOOL

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 80-83

[Article by Ding Zhongshi, Feng Yaoquan and Zhou Zhiti: "An Outbreak of Water-borne Infection by Viral Hepatitis A"]

[Summary] In August-September 1980, there was an outbreak of hepatitis in the Guilin Cadre School of Guangxi; most patients suffered from jaundice. Data of clinical diagnosis and epidemiological survey confirmed it to be an epidemic of viral hepatitis A. The epidemic started suddenly, involving 51.3 percent of elementary school students, 11.6 percent of trainees, 11.0 percent of soldiers, and 1.2 percent administrators. The outbreak had two peaks, about 1 month apart, and lasting about 10 days each. Contamination of the well water, the source of drinking water for the school, was found to be the cause of the epidemic, as other causes were investigated and excluded. The clinical characteristics of the epidemic, the serological diagnoses of the cases, etc. are reported.

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PEOPLE'S REPUBLIC OF CHINA

DISTRIBUTION OF VIRAL HEPATITIS B INFECTION IN GUANGXI

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in
Chinese No 2, 10 Apr 82 pp 84-87

[Article: "Distribution of Viral Hepatitis B Infection in Guangxi"]

[Summary] The public health and epidemic prevention stations of all levels were organized in 1979 to carry out a survey in the cities and counties of Nanning, Liuzhou, Guilin, Wuzhou, Lipu, Yangsu, Huanyang, Longan, Mashan, and Guixian and in 1980 in Longan, Yulin, Rongxian, Pingnan, Xincheng, Congwu, and Luocheng to clarify the condition of viral hepatitis B infection. A total of 35,041 persons were examined to disclose a HBsAg positive rate of 13.4 percent, higher than domestic reports of other regions, and even higher than Greenland, a well-known high incidence region. The HBsAg positive rate of males is about 50 percent higher than females in the surveyed areas; the difference seems to be related to the age group. The positive rate is the highest among boys of the age group of 0-4 years, amounting to 20.3 percent.

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PEOPLE'S REPUBLIC OF CHINA

INCIDENCE OF HEPATITIS B VIRAL INFECTIONS IN SHANGHAI FACTORIES

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 147-149

[Article by Zhang Xiaozhi, Wu Shanming, and Yao Fufang: "Investigation of Incidences of Hepatitis B Viral Infections Among Populations of Seven Factories in Shanghai"]

[Summary] From April 1978 to September 1979, the hospital examined 1,540 workers of seven factories in Shanghai for HBsAg, anti-HBs, and anti-HBc, to clarify the condition of HBV infection; the included 630 workers of Shanghai Medical Instrument Company, 360 workers of Shanghai Medical-Use Optical Instrument Plan, 290 workers of Shanghai Electronic Tube Plant No 4, and 260 workers of Dongfang Measurement Instrument Plant. They varied in age between 17 and 79; six of them were in isolation after being diagnosed for hepatitis. The examinations revealed 422 positive cases; i.e., there was a 27.4 percent rate of HBV infection: 201 cases of positive anti-HBs (13.1 percent), 186 cases of positive anti-HBc (12.1 percent) and 161 cases of positive HBsAg (10.5 percent). In terms of past HBV history, 81 persons had suffered from hepatitis previously (5.3 percent), 62 persons had had close contact with other hepatitis victims (4.0 percent), 25 persons had idiopathic liver diseases about 1960 (1.6 percent), 11 persons suffered from GPT increase without other liver or physical symptoms (.7 percent) and 12 persons had received blood transfusion.

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PEOPLE'S REPUBLIC OF CHINA

OUTBREAK OF HEPATITIS A IN RURAL VILLAGE STUDIED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 150-152

[Article by Tan Chunhua, Zhu Chun, et al.: "Etiologic Studies and Serologic Surveillance of an Outbreak of Hepatitis A Infection in a Rural Village"]

[Summary] There was an outbreak of Hepatitis A in Dayangxi Brigade, a suburb of Baoding City, Hebei Province. There were 276 households in the village with a total population of 1,302 persons. From January to July 1980, there were a few scattered cases; in August and September the incidence rose suddenly to 21 cases in August and 19 cases in September and, by the end of October, the epidemic ended with a total incidence of 58 cases, amounting to a rate of 4454.69/100,000. Of the victims, 84.50 percent belonged to the 2-6 year age group. The incubation period of this epidemic was 2-5 weeks. Feces of victims were collected for 3-5 consecutive days and feces of those having close contact with the victims were collected 12 days prior to the onset of the disease to 5 days afterwards. A total of 17 sets of specimens were thus obtained, 6 sets from those having close contact with victims and 11 sets from acute victims. Serological specimens were collected from 13 victims, in 63- to 114-day intervals between the acute stage and the recovery stage. Two methods, IAHA and SPRIA, were used to extract hepatitis A antigen from the feces specimens, which are at present the only source of the antigen in China. The antigen was used to determine the hepatitis A antibody level of 645 healthy persons in the area of the epidemic. The result of the investigation reveals the serious and general characteristic of hepatitis A infection in the rural villages of Hebei Province; the positive hepatitis A antibody rate was 87.90 percent (567/645). An improvement of the condition of hygiene is the basic measure to control hepatitis A. Serological surveillance of young children is suggested.

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PEOPLE'S REPUBLIC OF CHINA

DISEASES DUE TO FASCIOLA HEPATICA IN BEIJING AREA

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 153-156

[Article: "Survey of Diseases due to Fasciola Hepatica in Beijing Area"]

[Summary] According to present understanding, liver fluke, *Fasciola hepatica*, infections exist in various degrees in 22 provinces and cities of China. Examination of feces of 299 persons of Maizhuang Brigade of Beijing in 1975 revealed a 14.7 percent positive rate. By the end of 1978, 811,520 persons were examined all over the city and 11,726 detected cases were treated. First intermediate hosts were found to be three species of the seven species of freshwater snails in the Beijing area. Of the 74 types of freshwater fishes, 22 species have been found to be infected with liver fluke. In the initial stage of the disease, most patients have no symptoms and, when the disease progresses to a severe stage, it becomes very difficult to cure. A simple yet very specific diagnostic technique to screen out mild cases or victims of recent infection and the problem of recurrence after satisfactory treatment are subjects to be studied in the future.

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PEOPLE'S REPUBLIC OF CHINA

DERMATITIS IN BAODING CITY COTTON MILL

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 157-160

[Article by: Lu Tingsheng, Li Shouzheng and Yang Ruiqing: "205 Cases of Dermatitis Due to Ornithonyssus Bacoti Found in a Cotton Mill of Baoding City"]

[Summary] Rodent-fowl mite, *Ornithonyssus bacoti*, is distributed in the tropic and the temperate regions of the world and is the insect vector of many infectious diseases. Dermatitis outbreaks due to bites of this mite were reported in 1946, 64, and 73 by Suzhou College of Medicine, etc. This paper reports an outbreak of 205 cases of dermatitis among the workers of Baoding City Cotton Spinning Plant. After initial analysis, it was believed that the rash was perhaps related to mites carried by the cotton but tests proved that there were no mites in the cotton. Some workers came to believe that the hexachloro-cyclohexane [666] content of the cotton was to blame. *Ornithonyssus bacoti* mites were later found in the dust of the bathrooms and 19 of the victims. Clinical expression of *Ornithonyssus* dermatitis, factors contribute to seasonal outbreaks of this disease, and relatively effective treatments of the infected areas are discussed.

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PEOPLE'S REPUBLIC OF CHINA

EFFECTS OF ELEMENTS IN WATER, CEREALS ON ESOPHAGEAL CANCER DEATH RATE

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 91-96

[Article by Luo Xianmou, Lu Shuiming, et al.: "Correlative Studies of Contents of Chemical Elements in Drinking Water and Cereals Consumed by Fifty Communes and the Incidence of Fatality of Esophageal Cancer"]

[Summary] Since 1974, the authors have carried out chemical and emission spectroscopic analyses of 686 drinking water specimens and 909 cereal specimens of 50 communes of 15 counties of high, medium, and low incidence regions of Henan Province to observe the statistical correlation between the contents of various elements of the drinking water and cereals and the fatality rate of esophageal cancer. The study has disclosed that fatality rate of esophageal cancer is in inverse proportion with the contents of Mo, Mn, Si, Zn, Fe, Ni, Mg, K, Na, P, Cl, Br, I, Co, Hg, Ba, ammonium, and bicarbonate radicals in the drinking water and the cereals and is in direct proportion with the ratio of the nitrate radical, bivariant iron, and trivalent iron. These discoveries provide an important clue for a future study on the pathogenesis and incidence of esophageal cancer and the environmental background. The possible function of the deficiency of some of these chemicals in the process of coming down with esophageal cancer is discussed.

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PEOPLE'S REPUBLIC OF CHINA

PATTERN OF TERTIAN MALARIA RECURRENCES IN EASTERN HENAN

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 65-68

[Article by Yang Bolin, Chen Junshi and Geng Zhangwen: "Pattern of Recurrences of Tertian Malaria in Eastern Henan"]

[Summary] From 4 July to 22 September 1979, the technique of 3-day administration of 2.5 g of chloroquine phosphate was adopted to treat 110 cases of acute tertian malaria in Kaifeng County of Henan Province. Follow-up examinations disclosed 54 cases of recurrence, amounting to 49.1 percent. Of these, 48 cases (88.9 percent) were clinical recurrence and 6 cases (11.1 percent) were protozoal recurrence. No obvious relationship between the recurrence and age, history of malaria in the 2 previous years, or the protozoal density before the treatment was found. From the end of treatment to the detection of protozoa in peripheral blood or to the reappearance of clinical attacks was 186 to 342 days, indicating that the incubation period of that strain of the protozoa is 8.6 ± 1.0 months. Judging from the double-peak attack curve and the form of recurrence, the local tertian malaria protozoa are believed to be the Temperate Zone type. Problems of prevention, cure, and duration of follow-ups are also discussed.

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SAUDI ARABIA

BRIEFS

VACCINATION CAMPAIGN--Riyadh, Aug 5 (SPA)--A vaccination campaign against encephalitis begins here Saturday and will last until Sept 7. The vaccine is effective for one year. A Health Ministry statement said that the vaccine is compulsory for workers in the food business, hotels, restaurants, cafes, bakeries and similar businesses, as well employees of the Kingdom's air, land and naval ports, bus and taxi drivers. The vaccine will also be given to all Mutaweffs (those who lead the pilgrims in the holy places) and their representatives, officers and members of the Public Security forces, the National Guard, the Armed Forces and the Traffic Department. The order also applies to municipal workers, street sweepers and other cleanliness workers, airline crews, persons risking contamination from a sick relative and anyone asking to be vaccinated. Staff medical doctors will handle the vaccination of their employees. Vaccinations will be offered by health offices, hospitals and clinics. Special teams will visit high population areas during office hours to vaccinate whomever wishes to be immunized. Persons under 12, pregnant women, persons suffering from a chronic disease or running a high fever and those already vaccinated against encephalitis last year will not be required to receive the vaccine. [Text] [Jiddah ARAB NEWS in English 6 Aug 82 p 2]

CSO: 5400/4743

ANTI-MALARIA CAMPAIGN NEEDED

Colombo SUN in English 18 Aug 82 p 2

[Text] KURUNEGALA--A threat of a Malaria epidemic and mosquito borne diseases are stated to be imminent in Kurunegala district if anti-malaria work is not carried out on an intensive scale revealed a reliable Health Department source.

'SUN' learns that several factors have contributed to this unfortunate situation which may arise sooner or later. First and foremost is the abandoning of the residual spraying programme undertaken by the Anti-Malaria Campaign due to high cost of insecticide-malathion, which costs the State Rs. 26/- a pound. Due to the high cost of fuel used in transport of spraying labourers and equipment the campaign has cancelled spraying rounds. Migration of population from the Wanni in Galigamuwa and Maho M.O.H's areas to towns in the South, carrying the infection with them and the Anopheles mosquito serving as the carrier was another factor.

Owing to lack of funds, residual spraying with malathion in homesteads and some of the colonisation schemes have been taken up for intensive Anti-mosquito work.

A special team of Anti-Malaria Field Antomological assistance are now presently carrying out research work while Field Assistants have also been instructed to take blood films from all fever patients.

When the Anti-Malaria Campaign first started during the post independence era, rivers and streams like Maha Oya and Deduru Oya were sprayed with a thick film of oil 'with Shell Malariol to prevent breeding of mosquito larvae in river beds. This had to be given up due to prohibitive cost; but the results, 'SUN' learns were very encouraging. As an alternative, a drop of thick fluid from a tube is dripped into pools in the rivers which dry up to prevent formation of larvae.

A.M.C. authorities anticipate to exterminate the malaria carrying mosquito with minimum personnel and equipment when development needs have to be served speedily.

CSO: 5400/5761

BRIEFS

CHOLERA DEATHS IN TRINCOMALEE--Two deaths due to cholera have been reported within the last twenty-four hours from the Trincomalee Base Hospital. The two boys who died, one 7 and the other 5 years of age have drunk water from a common well. There is an acute shortage of drinking water owing to the prolonged drought in the area [Colombo DAILY NEWS in English 2 Sep 82 p 6]

MALARIA ERADICATION CAMPAIGN CONTINUES--Sri Lanka and WHO signed an agreement in Colombo on Wednesday to continue the intensive malaria control program. Despite the significant achievement of reducing positive cases of malaria from about 262,000 in 1977 to 47,000 last year, the target of one case per thousand population (14,000 cases) by 1981 has not been reached. "The number of positive cases has been stagnating at around 47,000 per year since 1979", the Health Ministry said. The new offensive against the mosquito will cost Rs. 636 million over the next five years. The foreign cost component of Rs. 324 million will be spent mostly on insecticides. The new agreement under which WHO will provide technical assistance was signed by Dr. K. H. Notaney, WHO representative here, and External Resources Director Ronnie Weerakoon. [Colombo DAILY NEWS in English 3 Sep 82 p 1]

TUBERCULOSIS REPORTED IN COLOMBO AREA--An average of ten new TB patients are reported every month within the Dehiwala-Mt Lavinia Municipal area revealed Dr P.A.D. Perera, President CNAPT Dehiwala-Mt Lavinia branch at its 31st anniversary celebrations recently. This, Dr Perera pointed out was despite the BCG vaccine being used systematically since 1948 to eradicate this dreaded disease. He added that the incidence of TB was on the increase in the age group of 16-55, and pointed out the need for a comprehensive survey to detect potential and positive cases in a bid to arrest the disease. Colombo South Magistrate, Mr I.M. Liyanage was the Chief Guest and Deputy Mayor of Dehiwala-Mt Lavinia, Mr G.D. Perera was Guest Speaker. He also said that the Association had helped to rehabilitate affected families and make them self-supporting with satisfactory

results. Mr I.M. Liyanage, Chief Guest said that there was still misconceptions in respect of that disease, for instance that it was hereditary caused by poverty, that it was incurable and so on. Such erroneous ideas could be removed through health education. He commended the Association for arranging the Schools' Poster campaign and exhibition on TB. Mr G.D. Perera, Deputy Mayor and Dr J.R. Wilson, Chairman, Executive Committee CNAPT, Colombo also spoke. A large number of students participated in the Schools' Poster Competition and exhibition. Prizes were awarded to winners by Mrs G.D. Perera. The 1st prize was awarded to Miss B. Nilmini Lilanthi Perera, of Girls' High School, Mt Lavinia, 2nd Prize to Miss Dammika Ekanayake, St Joseph's Girls' School, Nugegoda and 3rd Prize to Miss Gayani Attapattu of Holy Family Convent, Dehiwala. [Text] [Colombo THE ISLAND in English 21 Aug 82 p 2]

KATMANDU MEETING ON MALARIA CONTROL--India and Nepal are meeting in Katmandu to evolve a common strategy to control the spread of malaria in the border area. Opening a joint meeting yesterday, Nepalese Health Minister Nava Raj Subedi called for a coordinated program to eradicate the disease. The Indian delegation is led by C. V. S. Mani of the Health Ministry, and the Nepalese side is headed by its Health Director N. L. Mahthi. [Text] [BK061101 Delhi Domestic Service in English 0830 GMT 6 Sep 82]

CSO: 5400/5780

AUTHORITIES FEAR WHOOPING COUGH EPIDEMIC

Vaccination Ordered Halted

Stockholm SVENSKA DAGBLADET in Swedish 25 Aug 82 p 6

[Article by Inger Atterstam]

[Text] Despite the obvious risk of an extensive whooping cough epidemic in Sweden this fall and winter, there will be no vaccination to prevent the disease.

The Social Welfare Board again has rejected the use of whooping cough vaccination and, instead, has recommended early treatment with antibiotics and a special effort to isolate infants from other family members who have contracted the disease.

The advisory council on vaccinations of the Social Welfare Board voted unanimously not to reintroduce the whooping cough vaccination in Sweden. This was done despite widespread criticism and warnings that serious illness and even death may occur among unvaccinated infants.

Sweden is the only industrialized country that has stopped using the whooping cough vaccination. That occurred in 1979, based on the belief that the vaccine was not sufficiently effective and that it caused side effects.

Recently, many have criticized the decision to stop the vaccination. One of the most bitter critics is Per Askelof, senior microbiologist at SBL (National Bacteriological Laboratory).

"Serious Consequences"

"Unfortunately, the decision of the Social Welfare Board will have serious consequences," he said. "Experience from other countries where whooping cough vaccination has been halted shows that the risk of serious illness and even death among the youngest children increases dramatically."

He said that this decision by the Social Welfare Board will force children and families with children to suffer unnecessarily from whooping cough, which is a serious illness for the very youngest children and an illness that lingers for a long time.

The chairman of the vaccination committee of the Social Welfare Board, senior physician Ragnar Jonsell of Vanersborgs-Trollhättans General Hospital, justified the decision in the following manner.

Danger Of Side Effects

"We believe that the danger of side effects resulting from the general vaccination of small children is greater than the danger of the illness itself. The trend in Sweden in recent years has been that whooping cough now takes a milder course than previously and there is no indication that it will be different this year."

The treatment of whooping cough now recommended is the use of antibiotics, especially for infants under 1 year.

"It is important to begin antibiotic treatment as early as possible," Dr Jonsell said. If, for example, a child is infected by an older brother or sister, the parents should contact the health authorities as soon as the infant shows signs of illness, for example coughing or a head cold.

Isolation For 6 Weeks

The Social Welfare Board also recommends that families attempt to isolate children with whooping cough from infants.

"For extremely young children, a sick brother or sister should stay with someone else, for example an aunt," Dr Jonsell said. Otherwise, the children should be kept apart as much as possible. The isolation should continue at least 6 weeks, i.e. as long as the illness is contagious.

Per Askelof maintains, however, that the Social Welfare Board's hopes that a whooping cough epidemic would be mild are unfounded:

"This is the first year since the vaccination was halted that we will have an epidemic," he said. "We never have had such a large group of unvaccinated children."

Epidemic Every 4 Years

Statistically, whooping cough epidemics occur every 4 years. The most recent outbreak in Sweden was in 1978 and already experts at SBL have noted an increase in the number of cases of whooping cough.

The number of cases in July this year was twice the number in July 1981. Whooping cough is an extremely persistent disease and causes children to miss many days of school, thus creating the need for childcare in the home. It may take several weeks before a sick child is able to return to school.

During the first week or so, the patient coughs mostly at night. Later, the patient suffers from long coughs that cause choking and often end with vomiting. This stage lasts 2 to 4 weeks, after which the patient may have a dry cough at night up to several months.

New Vaccine Being Tested

Stockholm SVENSKA DAGBLADET in Swedish 26 Aug 82 p 6

[Article by Inger Atterstam]

[Text] While the debate is underway on the decision by the Social Welfare Board to reject vaccination against whooping cough, a special English vaccine against the disease is being tested in Stockholm.

The project, which is being led by Prof Patrick Olin of the Sachsska Childrens Hospital in Stockholm, will include about 1,000 small children who will be vaccinated with the imported vaccine. This group will be compared to a similar number of children who will not be vaccinated. The test has just begun and so far about 50 children have been vaccinated.

"The test will provide information so that we can evaluate this vaccine in case the decision not to vaccinate Swedish children is changed," Prof Olin said. "This will be especially valuable if we have a whooping cough epidemic."

In its decision to continue the ban on whooping cough vaccination, the Social Welfare Board also said that if whooping cough in Sweden proved to be more serious than expected, the decision could be changed.

Serious Forms

Prof Olin also sees the project as a way to study directly the possible effects of the 1979 halt to vaccinations. In recent years, whooping cough in Sweden has taken a milder form than "normal." This has been due, in part, to the vaccine. Now many fear that the halt in 1979 may mean that more serious and difficult to treat forms of whooping cough will return among the unvaccinated children.

The vaccine now being tested under license in Stockholm is one of the vaccines being used in the mass vaccinations in England. It is produced according to the same principles as the Swedish vaccine used before 1979. The vaccine is believed to provide protection so that cases of whooping cough are much milder than "normal."

Like the Swedish vaccine, it also causes side effects. The most serious is the danger of brain damage, which is believed to occur in one case out of 310,000.

Vaccine To Infants

The vaccine is being given to infants 2 months old. The doctors select children at childrens clinics, but exclude children who risk side effects from the vaccination.

Toward the end of the year the doctors will evaluate any possible side effects of the vaccination and blood tests will be made to discover how many of the children have developed a defense mechanism against whooping cough.

"We plan to follow the children--both the vaccinated and unvaccinated children--up to 2 years of age," Prof Olin said.

The decision to conduct the test came as a result of serious concern among pediatrics specialists in Stockholm County over the lack of protection against whooping cough.

In many countries throughout the world an effort is being made to develop a new generation of whooping cough vaccines with milder side effects. Japanese researchers are among those believed to have succeeded in this task.

There is great hope that within several years we will have a safe vaccine against whooping cough and, thus, an effective means of combatting the disease.

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TRINIDAD AND TOBAGO

ACTION DEMANDED TO IMPROVE HOSPITAL SITUATION

Senator's Indictment

Port-of-Spain TRINIDAD GUARDIAN in English 18 Aug 82 p 1

[Text] UNSATISFACTORY situations at the country's main hospitals are reaching the point of no return, according to Independent Senator Dr. Percival Harnarayan.

He pointed this out in the Senate yesterday during debate on supplementary and variation of appropriation Bills to provide for increased expenditure on the 1982 Budget of \$511,531,772.

He appealed to Government to "look into their institutions and look into it quickly. There are certain things which must be done immediately," he said.

Dr. Harnarayan told the Senate: "I am afraid that at the moment things in the main hospitals are reaching a point of no return. Theatre space is short, operating time is short. Although you are getting more and more skilled staff, they have no time in which to do work, therefore their skills are valueless.

Dr. Harnarayan is a former Medical Director at the San Fernando General Hospital and is a past President of the Medical Association of Trinidad and Tobago.

Referring to the San Fernando General Hospital, he said, "I think you cannot wait for the next ten years for Sodeteg to put up a building for us. What San Fernando needs immediately are two operating theatres, a few bungalows to house the excesses at the big hospital, a pathology laboratory, a new area in which out-patients and casualty can be conducted away from the hospital so that the hospital can be kept free from the crowds, and able to conduct its business in a serious manner."

Dr. Harnarayan noted that reasonably large sums of money were being transferred to the National Hospital Authority under the Variation Bill.

What disturbed him, he said, was that it came from medical and dental care for primary and secondary school children.

"We feel that when these sums are transferred the professions should have the benefit of a say."

No Answers

He said that to date there appeared to be not much achieved by the National Hospital Authority; one would have thought that rules and regulations would have been written and passed on.

Dr. Harnarayan said that when queries were made about reorganisation of the Ministry, the answer was that a document was under study. The House would like to see the contents, he said.

The Independent Senator recalled that on March 24, 1976, Peat Marwick and Mitchell, a firm of consultants, was given the assignment to evaluate proposals for the reorganisation of the Ministry of Health.

He said: "The three parts of this document were supposed to be organisational development of the Ministry of Health, organisation of the operating management functions and organisation of the supporting service and control functions.

"I think as soon as the report was prepared that was the end of Peat Marwick and Mitchell and also the end of \$250,000..... the equivalent of a laundry for the San Fernando General Hospital.

The supplementary appropriations which have already been approved in the House of Representatives are to provide, in the main, increased wages in the public service.

Dr. Harnarayan said he would like to see some positive indications that things were taking place.

He said he had not been able to obtain documents relating to the operations of the Mount Hope Medical Complex Task Force.

"The Mount Hope Medical Complex Task Force is a team handpicked by a Government without any representation of interests," he said.

Senator Dr. Harnarayan said: "Although the medical and nursing professions cannot determine what happens at Mt. Hope, although the citizens of Trinidad and Tobago are entitled to know what happens at Mt. Hope, we are not the final answer to Mount Hope, meaning the medical, nursing and allied professions."

Dr. Harnarayan noted that the Oxford Street Centre would relieve the pressure on the Port of Spain General Hospital. Staffing at health centres in other parts of the country was good, he said.

He went on: "No matter what you say about preventive medicine--and we all agree primary health care are words that have been bandied about--health for all by the year 2000..... These are all good things. But whatever preventions you practice there comes a time when illness takes you to your bed and you have to get into a hospital bed."

It was then, he commented, that things at the main hospitals were reaching the point of no return.

Surgery Turnaways

Port-of-Spain TRINIDAD GUARDIAN in English 18 Aug 82 p 1

[Text] HUNDREDS of patients seeking surgical operations at the Port-of-Spain General Hospital have been turned away because of a shortage of anaesthetists.

Only emergency cases are handled and those who were given appointments as far back as six months ago--have to wait several months again before they can enter the theatre.

Surgery for broken bones, severed tendons are muscles, removal of tonsils and cataracts, among others have been suspended since August 1 because anaesthetists have gone on their annual summer vacation.

Chief Medical Officer, Dr. Jean Wong, said the situation was not unusual at this time of the year. The anaesthetists return by early September, she said, and patients who elect to have their operations then have no waiting.

CSO: 5400/7583

UGANDA

BRIEFS

TYPHOID EPIDEMIC DENIED--THERE is no typhoid epidemic in Jinja Municipality, the District Medical Officer, Dr Ongom Oola, assured residents of this town yesterday. He was refuting allegations that over a dozen people suffering from typhoid had been admitted to Jinja Hospital. "There is not a single case in the hospital. Although people are complaining of diarrhoea, this does not confirm they are suffering from typhoid." Dr Oola said. He called upon residents not to panic. His office had asked Mulago Hospital to establish the cause of the diarrhoea. "Appropriate measures will be taken accordingly when laboratory results are obtained." He cautioned people to avoid taking locally made orange juice, local brew and tap water. The vaccination exercise currently going on is strictly for medical staff who are vulnerable to contagious diseases from patients.

CSO: 5400/5758

VIETNAM

STEPS TAKEN TO PREVENT, CONTROL MALARIA

Uong Bi City

Hanoi SUC KHOE in Vietnamese 5 Aug 82 p 7

[Article: Uong Bi City in Quang Ninh Strives To Eliminate Malaria by the End of 1982"]

[Text] The movement for health protection in Uong Bi, a city in the mining region of Quang Ninh Province, has recently been recognized by the Ministry of Public Health as a unit having completed five public health tasks. Uong Bi also has made, and is making, a big effort in the management and treatment of social diseases in general, and in prevention and suppression of malaria in particular. In 1981, Uong Bi sprayed DDT throughout the province, conducted basic investigations to classify malaria zones on the basis of morbidity, and promptly treated and identified malaria parasite carriers. As a result, the parasite carrier rate has clearly decreased--just 73 malaria carriers in the city in 1981.

In 1982, in concert with strengthening the movement to complete five public health tasks, Uong Bi has resolved to exterminate malaria in practice by the end of the year. Stepping up prevention, control and suppression of malaria, right at the beginning of the year, Uong Bi sprayed antimosquito DDT in the three subwards of Thuong Yen Cong, Vang Danh and Bac Son, where pockets of malaria parasite carriers still remained in 1981, as well as in other places suspected of extraneous malaria. The sprayed area covered 12,000 square meters, thus protecting $\frac{1}{4}$ of the city population.

In the first 6 months of 1982, 1,450 blood smears have been collected--the yearly norms calling for 2,000 smears--but only 1 of these contained a parasite.

In terms of treatment, in the first 5 months of 1982, Uong Bi treated 46 patients against recurrence and applied preventive treatment to 560 patients; 120 patients had fever, but none of the carried parasite.

Son La Province

Hanoi QUAN DOI NHAN DAN in Vietnamese 5 Aug 82 p 1

[Article: "Son La Actively Prevents and Controls Malaria"]

[Text] The public health sector in Son La Province is stepping up prevention and treatment of malaria for compatriots of various nationalities.

Public health cadres have brought equipment and medicines into the highland villages of Lang Luong (Moc Chau), Chieng Ve (Thuan Chau), Chim Van (Bac Yen), Chien Khoang, and Muong Cai (Ma River) to treat malaria patients. So far, 23,000 people have undergone blood checks and preventive treatment. Carriers of the Malaria parasite have been treated. Due to active prevention and treatment, a malaria epidemic was stamped out in Muong Cai Village (Ma River) right after its appearance. Compatriots of the H'mong nationality living there have undergone blood checks and treatment.

In conjunction with treatment, the public health sector of Son La Province has regularly urged the people to observe the rules of hygiene in their daily life and to build three facilities of preventive sanitation. The sector has conducted antimosquito sprayings, attaining 116 percent of the year's plan, taking the lead among the northern mountainous provinces. As of now, the malaria patient rate in the province is down to only 3.5 per 10,000, a 200 percent decrease as compared with the same period of 1981.

9213
CSO: 5400/5768

VIETNAM

SPREAD OF RABIES IN HANOI REPORTED

Hanoi HANOI MOI in Vietnamese 15 Jun 82 p 4

[Article: "One Story A Day Column by The Builder: Let's Do Away With It in a Short Time!"]

[Text] For some years, due to proper prevention and control, dangerous epidemics such as diphtheria, hemorrhagic fever, cholera, dysentery, bubonic plague, etc, have when they appeared, been immediately dealt with, generally causing a very low mortality rate.

Notwithstanding, at present in the city as well as the suburbs, we are confronting a kind of disease which causes more deaths than do other epidemics, and which has become a real cause for concern for the people and the public health sector, and to which the administration has devoted much attention.

In fact, according to statistics released by technical organs, in 1981 28 persons died from rabid dog bites. And during the first 5 months of this year alone, 24 others have died, including 5 in the city and 19 in the suburbs. Hoai Duc District alone accounted for 9 cases.

This past March, the municipal people's committee clearly instructed residents of urban wards not to raise dogs, dogs in suburban areas affected by rabies must be exterminated, an official permit is required to raise a dog, and domesticated dogs must be inoculated against rabies.

We learned that the number of dogs in 79 city subwards--previously estimated at 9,933--has decreased by over 50 percent. Dong Da ward (with Tho Quan subward leading) has properly carried out that extermination task. In other wards, quite a few dogs have been exterminated as well.

Nevertheless, in certain places the extermination of dogs and prevention of rabies have apparently been remiss. Quite a few households still raise dogs. So do some cadres. In addition to these manifestations, some people have asked, "Have these dogs raised for guarding private houses or for personal fun undergone government control and received antirabic immunization?"

In light of that, here is my comment: Undoubtedly, rabies is truly a big danger, and a way must be found to overcome it. Preventive drugs have increased in

quantity every year; however, these increases failed to meet the needs because the number of domesticated dogs, especially those left to roam about the suburbs, has shot up.

Since we do not have enough antirabic vaccine for dogs, there is no other way except exterminating them.

It is now the hot season. In the interest of the people's life and health, it is hoped that subward and village administrations, especially public security posts and area police stations, display more zeal in cleaning up this work in a short time.

9213
CSO: 5400/5734

VIETNAM

MAJOR TASKS OF 1982 PUBLIC HEALTH PLAN EXPOUNDED

Hanoi TAP CHI Y HOC THUC HANH in Vietnamese No 2, Mar-Apr 82 pp 1-6

[Article by Dr Tran Van Quy, head of the Planning Department of the Ministry of Public Health: "The 1982 Public Health Plan"]

[Text] I. The guidelines and tasks indicated in the plan of the public health sector must be understood thoroughly, adequately and deeply in light of the situation assessed by and the common guidelines and missions set forth at the 10th and 11th party Central Committee Plenums and within the context of the 1982 national plan passed by the National Assembly. [Following are the main points:]

"Efforts must be highly concentrated on the primary task of stepping up agricultural production, especially the production of grain and foodstuffs."

"The production of staple commodities essential to the people's life and of goods for export must be intensified."

"Heavy industries including power and coal, engineering and chemical fertilizer must use their capacities to the fullest to serve effectively agriculture, consumer and export goods producing industries, communications and transportation."

"Order must be reestablished in the field of distribution and circulation to stabilize currency, market prices and the life of people--especially of manual and office workers and armymen in large cities and concentrated industrial zones."

"Thrift must be exercised strictly and considered to be a state policy."

"Economy must be coordinated with national defense and a plan drawn up to ensure that the armed forces and the entire national economy are in a ready position to cope with war and to vanquish the enemy while participating in economic construction."

The guiding spirit for implementing the 1982 national plan consists in:

--Displaying a high spirit of self-sufficiency, exploiting all possibilities, doing jobs only after calculating their economic effectiveness; and

--Creating a vigorous shift from a high-level machinery of administrative management to a system of management and planning based on economic accountability and socialist business methods.

Of these tasks, improving the management of plans must be the central one. It is necessary to work out plans from the grassroots level, to consider districts to be base areas for formulating principal and comprehensive plans and to pay attention to building plans for 400 districts.

--Any plan must fully reflect positiveness and stability and must aim at skillfully utilizing and developing the existing possibilities to achieve a stable balance in the face of increasingly great requirements. Scientific achievements and technological progress must be applied to production.

Following the above-mentioned guidelines and leading spirit, the theme of the 1982 plan of the public health sector is as follows:

1. It is necessary to continue to develop the task of popularizing the public health service under the condition that possibilities are still limited, to further intensify the implementation of five targets by conducting the five-accomplished-tasks movement on an increasingly large scale and with an ever better quality, and to pay attention to accomplishing these five tasks in the urban areas of cities.

2. A further step must be made in the specialization and in-depth building of the public health service. Training and scientific research must be developed. The building of 10 public health centers must be considered important. Right now, for 1982, efforts must be concentrated on Hanoi, Can Tho, Da Lat and Dac Lac.

3. Beside the regular tasks to be continued as in the previous years, it is necessary to focus on solving these three most urgent problems: Preventive and curative medicines, quality of hospitals and family planning.

The general guideline is to consider consolidation and quality improvement as the principal tasks. If development is contemplated, it must be geared toward the main point of interest and carried out on the basis of calculations aimed at securing stable harmony. It is necessary to strengthen management and to practice strict thriftiness in matters of labor, materials and expenditures. Economic effects must be carefully reckoned in carrying out all kinds of activity and all negative practices within the sector opposed.

The key zones are the northern border region and the large, concentrated industrial and economic zones (in the Mekong River delta and the Central Highlands). The spearhead sectors are agriculture, raw materials, building materials, transportation and communications.

The principal targets are cadres, workers, children, women and minority nationalities. Efforts must be concentrated on the grassroots and district networks.

II. Specific Missions:

1. There are five tasks to be accomplished:

--Task to be accomplished No 1: The number of districts where three projects must be completed must increase 2.5-fold or triple as compared with 1981.

--Task to be accomplished No 2: The nationwide population increase rate is still 2.1 percent and the number of districts to accomplish this task [of lowering this rate on an experimental basis] must be 19 or 20.

--Task to be accomplished No 3: The number of districts to accomplish this task must be increased by seven as compared with 1981. It is necessary to simplify the bills of health, especially in the mountainous and southern regions.

--Task to be accomplished No 4: Progress must be made toward accomplishing this task on a provincial scale. The five provinces which must try to complete the task of cultivating and using traditional medicinal herbs are Thai Bihn, Hai Hung, Ha Nam Ninh, Vinh Phu and Haiphong.

--Task to be accomplished No 5: Attention must be paid to perfecting the grassroots and district networks.

2. Epidemic Prevention and Control: The three serious epidemics are cholera, plague and malaria. The number of people catching these epidemics and dying must decrease in comparison with 1981.

--Cholera: The number of infected people in the south must be reduced by 50 percent and it is necessary to prevent the epidemic from breaking out in the north.

--Plague: Preventive and control measures must be strengthened in the Central Highlands to lower the infection rate rapidly. Efforts must be made to prevent the epidemic from breaking out in the north.

--Malaria: The blood parasites' presence is still found in 0.35 percent of the total number of [microscope] slides used in blood tests [soos lam maus] and on 4 percent of slides in the south. Other epidemics, especially those afflicting children, must be controlled continuously. The primarily important measures to be taken to prevent and control epidemics are to inoculate sufficient doses of vaccines according to technical regulations and to appropriate percentages of time intervals, to destroy disease transmitting animals and satisfactorily to solve the environmental problem --especially that of feces [disposal] and water.

3. Social Diseases

--Tuberculosis: Efforts must be exerted to reduce the rate of positive Koch Bacillus carriers to between 1.4 and 1.5 percent. It is necessary to ensure that 100 percent of newly born babies receive the BCG vaccination at public health installations.

--Leprosy: Efforts must be intensified to detect this disease and to provide home treatment.

--Veneral Diseases: Continuous efforts must be made to detect and cure these diseases in six southern cities with a view to eliminating them within the framework of the current 5-year plan. An encompassing and correlative method must be applied widely to detect them.

Goiter: The main task is still to make a sufficient quantity of iodized salt constantly available in areas where this disease is rampant.

--Mental Diseases: It is necessary to strengthen the existing treatment centers, to expand further the district and provincial networks and to apply widely sociopsychological methods together with traditional medicine to cure these diseases.

--Trachoma: Efforts must be made to lower the rate of acute [haotj tinhs] trachoma patients to under 40 percent. The important problem of ensuring a sufficient amount of medicines to treat trachoma must be solved. The disease characterized by the eyelashes' curving into the eyeballs [quawmj] [usually; loong quawmj] and prevalent among people of working age in some northern provinces must be eliminated. Efforts must be concentrated on these three public health centers: Hanoi, Can Tho and Dac Lac among the 10 ones which have taken shape or are under construction.

4. Traditional Medicine: It is necessary to continue to implement Resolution No 266-CP of the Council of Ministers on the building of traditional medicine hospitals where they are still nonexistent in order to endow each province with such a hospital by the end of the current 5-year plan. Vigorous steps must be taken to ensure inheritance $\frac{1}{4}$ of traditional medicine formulas from one's forefathers]. Experiences in using traditional medicines to prevent and cure diseases must be summed up, officially examined and ratified, subsequently taught at schools and widely applied at disease preventing and curing installations of the entire sector. An advanced physicians' training course must be opened experimentally at Tue Tinh School, Hanoi, to gradually expand it into a higher school. The number of traditional medicine cadres must be increased and the quality of their training and supplementary training raised.

5. Training and Advanced training of Cadres: It is necessary to step up the training and supplementary training of specialized and managerial cadres and of cadres at the elementary and middle school levels, college level and also above the college level. The existing schools must be consolidated continuously in 1982. The faculties of medicine of the Central Highlands

and of Can Tho must be accepted from the Department of Colleges and Vocational Middle Schools in order to make investments to build them into two new installations to form doctors for the Ministry of Public Health. An advanced course must be opened at Tue Tihn School and the Nam Ha Public Health Middle School must be transformed into an advanced school directly subordinate to the ministry. A further step must be taken to reorganize local middle schools which appear to be weak, especially those in the south. The formation of Level-I and -II specialized cadres and of postgraduates right in our own country must be broadened. From 1982 onward, plans will be drawn up to recruit local and zonal students with a view to gradually localizing the contingent of cadres. To heighten teaching and learning quality, schools must not only give priority to increasing the number of good and capable teaching cadres but must also pay greater attention to the lodging, boarding, study and activity conditions of students.

6. Scientific Research and Application of Technical Progress: Based on the Political Bureau resolution on the scientific-technical policy and on the guidelines to be applied to scientific research and to the application of technical progress within the framework of the 5-year plan, the task of conducting scientific research and applying technical progress in 1982 will focus on the following principal points:

- Continuously developing subject matters managed by the state and related to meals and pharmaceuticals.
- Accelerating the drawing up of a scientific research plan aimed at facilitating the zoning of the Mekong River delta and the Central Highlands.
- Continuing to develop subject matters concerning basic investigations into the environment, health and diseases.
- Continuing to develop subject matters concerning clinical medicine, pharmacy, traditional medicine, antiepidemic hygiene and family planning that are managed by the ministry and its units.
- Studying certain subject matters concerning social medicine including public health statistics and information.
- Studying the application of technical progress in certain important fields such as allergy, biochemistry, hematology, extraction of some pharmaceutically active substances and production of some types of public health equipment.
- Strengthening the management of research activities in order to obtain realistic results from scientific research.
- Broadening the information and publishing tasks and the library service so as to promote scientific research and the application of technical progress.
- Urgently establishing scientific-technical cooperation with the Soviet Union and other countries.

7. Servicing Combat Activities: Concentrated efforts must be exerted to strengthen networks 1 and 2 in the northern border region and on sea islands in order to enable them to service combat activities. A system must be devised to provide appropriate allowances and grain rations for public health cadres in villages and cooperatives situated in these areas. In networks 3 and 4, it is necessary to supervise frequently the joint operations aimed at servicing combat activities. The various organizations must carry out maneuvers to correct weaknesses in time. It is necessary to inculcate a surgical knowledge into the contingent of specialized cadres in the border and contiguous provinces. A sufficient reserve of medicines, equipment, gasoline and vehicles must be maintained continuously. Centrally run units in charge of supporting provinces must regularly inspect the organization of equipment and technique at the lower level network and must help train cadres for the provinces in their charge. Public health services in the border region must maintain their relationships of cooperation with the sectors concerned such as the army medical corps, public security, army units, home trade, grain and goodstuffs, communications and transportation. It is unadvisable to slacken vigilance and the guidance over tasks aimed at servicing combat activities in the border region and on sea islands.

8. Material Supplies and Capital Construction: The general guideline to be applied is to do one's utmost to practice thrift in consuming and using materials and in employing technical equipment. To limit importation, it is necessary to display a high spirit of self-sufficiency by gradually raising the rate of domestic production of common technical equipment and specialized tools.

Concerning materials of general use, apart from the supply of fuel and building materials, it is necessary to formulate a plan to provide ordinary equipment for patient beds such as cloth, mats, blankets, mosquito nets and so on. The Ministry of Public Health must consult with the Ministry of Home Trade and the public health services must do so with local commercial services in order to include this problem in the yearly plan for distribution according to the ratified patient bed standards.

With regard to materials of special use, it is necessary to intensify maintenance and repairs to prolong their lifespan, to reduce their import and to use equipment more rationally and with a higher productivity by coordinating its use among various areas or by transferring it from places having a surplus to those suffering a shortage. If an equipment is considered not really necessary, its import must be postponed. Concerning the equipment included in [foreign] aid, it must be promptly put into use as soon as it is received. The standard of knowledge of engineers and technical workers employed in producing, operating and maintaining technical equipment must also be raised.

In the field of capital construction, in-depth investments must be made in key projects because the capital earmarked for investments is very limited and much smaller than in the Seventies. With regard to the district network, the "state and people work together" slogan must be applied. For the network at the provincial and higher levels, investments must be made

for such centers at Hanoi, Can Tho and Dac Lac. Key projects are those which receive foreign aid such as the Hygiene Institute in Ho Chi Minh City, the Da Lat Vaccine Production Institute, hospitals under construction in districts or new economic zones, training schools, production installations requiring expansion or further construction, and warehouses. Concerning other installations such as wornout hospitals and specialized stations, the principal task is to repair and modernize them.

Apart from the above-mentioned regular tasks to be done in 1982, guidance must focus on the following three major tasks:

1. Pharmaceuticals:

Despite numerous difficulties in achieving a balance, great efforts must be made to heighten norms in comparison with 1981.

Pharmaceuticals: Their output must be increased by 52 percent over 1981, their purchase value by 90 percent and their value at the time they are handed over to the central level by 70 percent.

Production: Local enterprise must increase their production by 9 percent. Production by the district network must meet from 5 to 10 percent of the districts' needs while production by the provincial network must meet at least 30 to 40 percent of the need for locally distributed medicines:

Distribution value must amount to 103 percent of that in 1981.

Export value must amount to 115 percent of that in 1981.

Despite great efforts toward self-sufficiency, there still is a great shortage of medicines because [domestic] pharmaceuticals can meet only 30 percent of the needs while the remaining 70 percent of the needs must be fulfilled by importation. However, import capacities have become more and more limited. On the other hand, the distribution and use of medicines is still afflicted with a number of shortcomings and their management is still loose so that a certain amount of medicines has been lost or taken away and has thus become a kind of commercial goods in the free market.

To reduce gradually the difficulties caused by the shortage of medicines, the policy of the ministry is as follows:

a. The raising and growing of pharmaceutical products must be stepped up with the aim of further increasing the country's inherent ability to produce medicines and further augmenting the sources of export goods in order to obtain more foreign currency to import medicines. The movement for self-sufficiency is producing traditional medicines must be continuously expanded on a provincial scale in 1982.

--It is necessary to determine different kinds of basic goods made of pharmaceuticals available in each locality and at centrally run enterprises.

--Contracts on the exchange of crude pharmaceuticals, semifinished products or medicines must be signed between the central and local level and between one locality and another.

b. Production must be intensified: Each locality must use pharmaceuticals in their possession or obtained by exchange to produce enough medicines of ordinary usage and part of the needed amount of tonic medicines. Each locality must investigate the possibility of developing the types of goods for the manufacture of which it is in an advantageous position in terms of pharmaceuticals and must simultaneously help the district level develop the production of ordinary medicines. Each locality must also supply large quantities of pharmaceuticals to the central level to enable it to continue production according to plan by using domestic and import pharmaceuticals.

--To reduce transportation expenses, it is necessary to encourage the preparation of medicines in hospitals and according to prescriptions and the preparation of semifinished products.

--The manufacture of chemical pharmaceuticals by handicraft means must be organized. Encouragement and assistance must be given to any installation--be it a school or research institute--which is capable of producing chemical pharmaceuticals.

--Before making proposals [to the state] for the construction of an anti-biotics factory, concentrated efforts must be made in doing research on numerous economic-technical plans.

c. Positive efforts must be made to produce a large amount of export goods: The central and local levels must work together to produce export goods, the volume of "yellow star" ointment produced for export must be increased and research into the production of pharmaceuticals for export carried out.

d. The task of distributing medicines and managing their use must be reorganized.

--The objects of priority distribution are hospitals and examination rooms. The distribution rate must be lowered in other areas, especially in districts which have resolved the problem of traditional medicines and where the distribution of ordinary medicines is no longer needed.

--Two-way contracts must be established between the central level and localities to carry out distribution in equity and rationally.

--To prevent loss and theft, a broad movement must be launched to ensure the safe-keeping and rational use of medicines and to strengthen their management from the production to distribution and utilization areas.

--It is necessary to further intensify market management, the struggle against speculation and black market, the management of medicines sent home by private individuals abroad and the prevention of medicine counterfeiting.

--Medicine prescribing must be controlled strictly. The comprehensive treatment method consisting in freely prescribing many types of medicines at the same time must be limited. Vigilance must be displayed against phony prescriptions and those issued out of personal sympathy. It is first necessary to correct the habit of issuing prescriptions while giving lectures at physicians' and doctors' training schools.

--Propaganda and education must be carried out to teach the people the rational use of medicines. Everything must be done to induce everyone to pay attention to the problem of medicines and to cooperate in solving the current shortage of medicines. Joint responsibilities must be borne by both medical and pharmaceutical cadres. The public health sector and others are interrelated and both the state and people are responsible [for the problem of medicines].

--Directors of various services and heads of public health services are responsible for directly guiding the distribution of medicines and organizing inspection.

2. Reorganization of Treatment Installations:

Despite our great efforts, treatment installations--especially hospitals--have been beset with difficulties which have prevented them from fulfilling the need for treatment. The quality of treatment has been lowered somewhat. One of the central tasks in 1982 is to reorganize treatment installations.

--To alleviate the inherently heavy task of treating diseases, it is necessary to continue to carry out hygienic measures aimed at preventing and controlling epidemics and social diseases more satisfactorily than in the previous year.

--Continuous efforts must be made to reinforce and perfect public health installations at the grassroots level and to expand the network of offices which dispense diagnoses and treatment by traditional medicine methods--this with a view to avoiding the patients' crowding into hospitals in districts and at the higher level.

--The hospitals' problem of expenditures must be solved urgently. The Ministries of Public Health and Finance and the local public health and finance services must consult together to quickly decide on an increase in expenditure appropriations for hospitals to make up for the rising prices. Care must be taken to avoid lowering the expenditure norm prior to the price hike.

--Materials of ordinary use such as mats, mosquito nets, fabrics, soap, oil, coal and firewood must be supplied to hospitals to serve patients. Distribution norms based on the patient bed percentage must be fixed by the Ministries of Public Health and Home Trade. Estimates of supplies to hospitals must be worked out by puclid health services in consultation with local commercial ones.

--The principal task concerning installations and houses is to repair and modernize them to give them a brighter and good-looking appearance. The building of hospitals which receive foreign aid and whose construction is not yet finished must be completed so that they may rapidly be put into use. The district network and the lower level must apply the "state and people work together" motto.

--It is necessary to ensure that the various networks fulfill their assigned missions and refrain from referring patients to the higher level network unless truly necessary. It is absolutely forbidden to refuse emergency patients no matter where they are brought from.

--Hospital regulations and systems--primarily those on emergency aid, on-duty service, order and hygiene--must be carried out strictly and the state of order and hygiene in hospitals subjected to intensive inspection.

--A proposal will be submitted to the state to expand the system of outpatient beds in order to substitute in some measure for the existing inpatient beds which still represent a low ratio.

--An organization must be set up to inspect hospitals regularly to detect quickly problems requiring improvement or deserving commendation.

--The training of cadres in charge of hospitals and the raising of their managerial standard must be intensified. The ministry will open courses for provincial hospital managing cadres while provinces will open courses for district hospital managing cadres.

--The ministry will provide guidance to enable hospitals to start applying a cost accounting system.

3. Family Planning:

Based on the experiences gained in the past years, it is necessary to proceed with this task at an early date, right at the beginning of the first quarter of 1982. Experiences have demonstrated that the fourth quarter of the previous year and the first quarter of the subsequent one are a period when the implemented measures bring about the greatest result.

--The target to be followed closely is to lower the natural propensity for population growth so as to achieve a rational population growth rate. In 1982, this rate must be lowered by 0.1 to 0.2 percent as compared with 1981. By 1985, the population growth rate to be achieved must be under 1.5 percent in the north, under 1.9 percent in the south and 1.7 percent nationwide. Each young couple must try to have only two children. IUD insertion teams must be well organized and employed to carry out three tasks: Organizing mass motivation, applying technical regulations and making inspections and statistics.

--The statistical task must be revamped to obtain accurate data. With the cooperation of the Statistics Branch Offices, it is necessary to work out a constant rate of natural population growth by the end of this year and to preclude inconsistencies of statistical data.

--Leadership must be exercised to make family planning one of the central tasks of local and primary organizations. This task must be discussed and decided on at party congresses at various levels and at meetings of people's committees at different echelons. The various sectors and mass organizations must be entrusted with specific works and must coordinate their activities with those of the public health sector to carry out this task.

At a time when the overall economy is suffering a serious imbalance, we cannot yet take the initiative and make sure that all material conditions will be fulfilled. Therefore, the decisive factors necessary to the fulfillment of the plan are the dynamic quality of leadership and the creativeness of local and primary organizations. Of the many measures aimed at promoting the plan implementation, improving the management mechanism and launching an emulation movement are two which are of primary importance.

a. Improvement of the management mechanism: With regard to the economic network (corporations and enterprises), it is necessary to apply strictly a management mechanism based on economic accounting and socialist business. The pluralistic administrative management mechanism must be abolished resolutely and the production and business sectors must not be authorized to request compensations for the losses sustained. Regarding the professional and state-managed network, accounting must be applied to work out indices for each type of installation such as offices, hospitals, schools and specialized stations or institutes. The economic effect of all activities must be reckoned; if it is low, expenditures must be avoided resolutely.

--Planning is the central task in the management mechanism. The method of formulating plans must be improved. Plans must be formulated harmoniously from the primary and district levels upward. In formulating a plan, each level--be it primary, district, provincial or ministerial--must draw up a balance sheet to ensure that the plan is of a simultaneously positive and stable character.

--It is necessary to enforce law in economic activities, to apply regulations and systems in specialized and professional activities, to eliminate the loose application of law and rules in management, to set new and progressive standards and norms and gradually to correct those which are too old and have become unsuitable.

--Organization and management within the sector must be perfected gradually: It is necessary to improve the organizations, working method and assignment of cadres first in managerial organs at the central and provincial levels.

b. An emulation movement must be launched.

--One must emulate in accomplishing five tasks, in building progressive units and in becoming a public health cadre to serve the people. Apart from the five-accomplished-tasks movement, emulation must concentrate on three central tasks of the sector which are solving the problem of medicines, reorganizing disease treatment installations and stepping up family planning. With regard to the masses outside the sector, it is necessary to effectively intensify propaganda about the need to preserve health. Concerning cadres in the sector, patient efforts must be made to inform them of the situation and mission indicated by both the Party Congress and the sector in the 5-year and 1981 plans, to educate them to raise their qualities, and to oppose negative manifestations, bureaucratic working methods, sluggishness, wastefulness and irresponsibility. Greater care must be taken of the life of cadres and manual and office workers, especially low-salaried cadres working at the grassroots level and in difficult areas. Research must be done and a proposal made [to the state] to the effect that certain irrational systems and policies toward the cadres and personnel of the public health sector be amended continuously.

9332

CSO: 5400/5737

PREVENTING AN EPIDEMIC OF ADENOPHARYNGOCONJUNCTIVITIS

Hanoi HANOI MOI in Vietnamese 29 Jun 82 p 2

[Disease Prevention and Treatment column by Dr. Xuan Ha: "Preventing Adenopharyngoconjunctivitis From Spreading Into An Epidemic"]

[Excerpt] Scattered cases of adenopharyngoconjunctivitis have been appearing since May in organs, factories, schools, etc.

The disease is caused by a kind of virus in the respiratory system. A typical patient has all three symptoms: eye inflammation, throat inflammation and gland inflammation (hence the technical term of adenopharyngoconjunctivitis).

The patient first feels tired, then suddenly has high fever -- 39-39.5° C -- and finds his eyes swollen and red, full of rheum, watery, extremely itchy -- requiring constant wiping of the eyes -- and possibly badly swollen and hard to open. In addition to the eye problem, he also has throat inflammation, which makes talking and swallowing painful and his voice hoarse, and swelling of the glands below his ears, underneath his chin and in his neck.

Thus adenopharyngoconjunctivitis actually is an all-body disease, which is very different from conjunctivitis caused by microbes. What is more noteworthy is the fact that following an outbreak the disease can easily become an epidemic as it spreads in two ways: directly through virus-laden saliva droplets reaching a healthy person from the mouth of a patient when he talks and indirectly through his rheum and tears.

In densely populated cities, the disease spreads quickly, particularly in crowded neighborhoods with small living spaces for people inside houses and in public places like theaters, movie houses, railroad stations, boat and bus terminals and swimming pools when some patients share them with healthy people.

In reality, an adenopharyngoconjunctivitis epidemic is not dangerous (nobody has died of this disease), but its harm is the fact that as groups of people become infected, it adversely affects labor, learning and daily activities.

In the last few years, the signs of the disease were somewhat less severe and a number of patients had only one of the three main symptoms, i.e., they had only pharyngitis or only conjunctivitis. Patients were still working, having normal activities and contacting other people, who also did not pay attention to preventing and fighting infection. That was one reason that made the scattered epidemic continue to be active.

5598

CSO: 5400/5770

OMAY PEOPLE FACE STARVATION, DISEASE

Harare THE SUNDAY MAIL in English 5 Sep 82 p 5

[Text] **THE women walk up to 25 km daily to fetch water; the nearest hospital is more than 60 km away; starvation and malnutrition are a daily threat; bilharzia, pneumonia and malaria are common; and wild animals destroy crops and kill people.**

This was the grim situation outlined last week by one of two community development workers operating among the nomadic Tonga and Shangwe people in Omay, near Binga, the bleak communal area bordering on Lake Kariba.

Mrs Eremina Mvura came to Harare on Thursday to seek Government and private sector aid to ward off starvation among the Tonga and Shangwe, people she has been helping since June 1980.

She and Miss Elena Mangwandi were sent to Omay by the Ministry of Community Development and Women's Affairs to help the area become more self-sufficient.

The two women have been trying to get the people who live in Mola, Negande, Nebiri and Sambakarume to adopt more sedentary habits, with some success.

They have also been teaching the Tonga and Shangwe nutrition, hygiene, soil conservation, gardening and how to run co-operatives.

But Mrs Mvura's main concern is that if good rains do not fall early this year in the Zambezi Valley starvation could be just around the corner.

She came to Harare with a long shopping list — but no money.

"We need mealie-meal, maize, other food, clothing and people who can come and drill boreholes for drinking water. Right now people depend on streams for drinking and washing water. Some of those streams are running dry.

"Right now some women are walking seven or eight miles in one direction every day just to get water. It would be a disaster if we don't get more rain this year."

"That could lead to a problem of starvation because last year we had very little rain — actually showers only. So the people could not grow their normal crops of millet.

"Also, we have no source of income, no factories to provide employment because we're in the bush."

The area got a little boost earlier this year when development specialist Mr Peter Mackay successfully persuaded Uni-

ce to provide eight sewing machines and material for school uniforms.

Under the aegis of the Ministry of Community Development and Women's Affairs, 56 women volunteers took six-week home economics courses — including sewing — between last November and June of this year. The courses were offered at Nyanda.

Since July the women have been busy using their donated sewing machines and fabric to make 1650 uniforms for pupils of four schools in the area.

"In the past people thought the Tonga and Shangwe were incapable of doing anything for themselves, beyond being nomads. Now they are sewing school uniforms, trying to help themselves. We would like the people of Zimbabwe to come to Omay and see for themselves the kinds of projects these people are doing," Mrs Mvura said.

Until 1979 the Omay people were neglected nomads, who lived in an area where disease was widespread and wild animals roamed freely, sometimes attacking and killing people.

The first clinic in the area opened in 1975 at Saikobvu, she said. Since then village health workers have come into the area.

"But the only hospital for us is in Kariba, 60 km from where most of the people live. It costs \$8 to cross Lake Kariba by boat from Bumi Hills. So there are problems if someone is ill," she said.

Affluent Bumi Hills sits on the shores of Lake Kariba.

Mrs Mvura said that until 1979 the few children from families who wanted to go to school had to learn under a tree. The first school buildings were built in 1980, after independence, she said.

"But even now most children can't go to school because they have no uniforms, no clothes or because they are suffering from malnutrition," she said.

Even the few stores are usually understocked, because they have to order foodstuffs from Chinhoyi, and the items are often prohibitively expensive, Mrs Mvura said. She said a 52c bag of 5kg mealie meal costs about \$1.25 in Omay.

Wild animals from the Kariba Recreational Park still roam the area devastating millet and other crops and sometimes killing people and goats, the only livestock raised in Omay.

CSO: 5400/5785

BURUNDI

WEST GERMAN AID ON ANIMAL HOUSING TO AID RABIES FIGHT

Bujumbura LE RENOUVEAU DU BURUNDI in French 11 Jun 82 p 2

[Excerpts] On the afternoon of Wednesday 9 June, Mr Alexis Ntibakiranya, the minister of agriculture and animal husbandry, inaugurated an animal research center at the Veterinary Laboratory. The animal research center was built with West German assistance.

The ceremony was attended by the West German ambassador, Mr Otto Walner, the permanent undersecretary for animal husbandry, Mr Jean Berchmans Berahino, as well as a number of officials and employees of the animal husbandry agencies.

In his remarks for the occasion, the minister retraced the history of German-Burundian cooperation on stock-raising, which he said has been a rewarding one. Then he emphasized the special importance of the animal research center in production, and expressed his thanks to the German Cooperation Office (GTZ) which built it.

The West German ambassador for his part extolled German-Burundian cooperation and said he hopes to see it even further expanded. He also noted the contribution his country has made to establishment of the animal research center, which is yet another proof of the value of the cooperation between Burundi and the FRG.

The animal research center was built to shelter laboratory animals--in this instance cattle, guinea-pigs, white mice and rabbits. The laboratory animals are a valuable tool, in the sense that the effectiveness and non-toxicity of vaccines needs to be tested before they are distributed to technicians in the rural sector.

Dr Bonaventure Museru, director of the Veterinary Laboratory, explained to the audience that there is practically no laboratory in the world that does not have an animal research center. Such a facility is all the more necessary because it is very often asked to deal with problems of toxicology or poisoning. The laboratory animals are given inoculations of microbes, viruses and parasites either to confirm diagnoses or to see their reactions. Traditionally, it should be noted, veterinarians and medical doctors have cooperated in the use of experimental laboratory animals. The animal research center included a housing facility for cattle under experimentation, a room

for rabbits, mice and guinea-pigs, a food supply room, a veterinarian's office and a laboratory for microscopic studies.

As for the animals, it would be illogical to use poor specimens, whose condition was undermined by ill health, because the interpretation of results would be as erroneous as it would be haphazard. Therefore, the laboratory animals must be kept in a wholesome environment, well fed, and provided with clean water, for the results expected to follow from their inoculation depend on their good health. It is the only laboratory in the country that has its own animal research center for its own research needs, but it should also be available to various researchers from the university, the ministry of public health, and even foreign countries.

Last year a free rabies vaccination campaign was begun in all areas of Bujumbura municipality. Also, all dogs that are brought to Bujumbura's small animal clinic are vaccinated at a cost of 200 Fbu. Then a certificate of vaccination valid for 3 years is handed over, but owners are advised that it is prudent to have a revaccination after 2 years.

Since January 1982 some 4,072 dogs have been vaccinated in Bujumbura municipality, 412 of them at the small animal clinic alone. And the effort is being broadened to encompass the whole country. For example, there have been 300 vaccinations at Cankuzo, 450 at Muramvya. Various amounts of vaccine have been sent to the different areas of the country.

The Animal Health Service is fighting a constant battle to stop rabies throughout the country, despite insufficient logistical resources to carry out a systematic vaccination campaign, Mr Nzibariza said.

He added that such an effort would require the availability of refrigerated vehicles, because the vaccine is perishable.

To conclude, Dr Nzibairza urged the police to help by eliminating stray dogs, a problem which no one is addressing.

9516
CSO: 5400/5712

HONDURAS

BRIEFS

HOG CHOLERA CASES--Victor Yanez, an animal health official of the Ministry of Natural Resources has confirmed that outbreaks of hog cholera in several departments of the nation have been reported to that ministry. This is a viral disease in hogs which is acute, contagious and fatal, causing much damage to the small, medium and large hog raisers. The disease has been detected in the Olancho, Francisco Morazan, Cortes and Choluteca Departments. There is danger that it will spread throughout the nation. The official pointed out that the most common ways of spreading of the disease is by direct contact between the infected hogs and others and by contact with the contaminated pens and vehicles when flies, birds and other animals carry the virus of the infected hogs to other places. Yanez said that the Animal Health Program [PSA], an element of the Ministry of Natural Resources, is taking preventive actions in the areas affected by hog cholera. Finally, he explained that to prevent the spreading of the disease such actions as vaccination, isolation of the animals, incineration of the hogs which have died of the disease and other control measures are being taken [Text] [Tegucigalpa LA TRIBUNA in Spanish 10 Jul 82 p 3] 9204

NO FOOT-AND-MOUTH OUTBREAK--Tegucigalpa, 29 Jul (ACAN-EFE)--The Honduran Ministry of Natural Resources reported today that there is no outbreak of foot-and-mouth disease in the country. Regino Quezada, vice minister of natural resources, said that an erroneous report confused an outbreak of hog cholera with foot-and-mouth disease. The official said, "This report has done us much damage due to a misinterpretation by a newspaperman, and our livestock products are in danger of not being allowed to enter other nations on the continent." Honduras remains free of foot-and-mouth disease along with the rest of Central America and Panama due to its total control of incoming agricultural and livestock products at ports, airports and border posts. The official said that explanations have already been given to all the nations free of foot-and-mouth disease (Central American, Panama, the United States, Mexico and Canada) so that Honduran agricultural and livestock products may continue to move at the same rate as in the past. Honduran meat exports are the fourth most important item for bringing in foreign exchange and the loss of its markets would represent the loss of several million dollars. According to official statistics, in 1981 Honduras exported 50,265,000 kilos of meat. [Text] [San Pedro Sula LA PRENSA in Spanish 23 Jul 82 p 5] 9204

PASTEURELLOSIS OUTBREAK REPORTED IN CHAMPASSAK, ATTOPEU

Vientiane BULLETIN QUOTIDIEN in French 14 Jul 82 pp 9-11

[Official Guidelines]

[Text] To the heads of the Departments of Agriculture, Forestry and Irrigation of various provinces throughout the country.

Object: Everything must be done to organize the timely prevention of an epizooty in 1982 during the agricultural production season.

In view of [as published] persisting conditions of epizooty in general, especially among cattle, viz. bovines and bubals affected by pasteurellosis or bardbone, which now prevails in the provinces of Champassak (in the districts of Soukhuma, Khong, Munlapamok to name a few), Attapeu (district of Sanamxay), a few symptomatic occurrences have been reported in the provinces of Luang Prabang and Sayaboury in March and April 1982 and it is estimated that, as the rainy season begins, the epizooty will become more widespread and get worse. Therefore, the Ministry of Agriculture, Forestry and Irrigation has issued the following guidelines and practical advice for the rural areas of various provinces.

I. Under normal conditions, in provincial or rural areas not yet affected by the epizooty:

1. The regional veterinary unit must make vaccination rounds to prevent a pasteurellosis or bardbone epizooty; it must vaccinate the domestic animals belonging to individuals or to state livestock-raising farms or stations in those regions for which it is responsible, in accordance with the preventive vaccination measure [issued], without any exception and in due time.

2. These preventive vaccination rounds must be aimed at the three following important points:

A. Preventive vaccination must be aimed at the areas or regions where there has already been an epizooty (endemic zones, epizootic sequels).

B. Preventive vaccination must be aimed at the areas or regions where contagion could occur easily (epizootic symptoms).

C. Preventive vaccination must be aimed at the areas or regions which have never been affected by any epizooty in the past.

3. The above-mentioned anti-epizootic preventive vaccination must take place twice a year, viz.:

- vaccination must be started without fail before the rainy season, i.e. in April or May 1982;
- in a second stage, vaccination must be resumed as soon as the dry season begins, in October or November 1982.

II. In case of a sudden epizootic outbreak:

1. Veterinary forces must be mobilized to organize rounds to control the disease and the animals involved must be immediately vaccinated.

2. The epizooty must be carefully monitored.

3. The provisional regulations concerning the epizooty must be applied, viz.: all movements of animals either into, or out of, or through regions affected by the epizooty must be prohibited.

4. The animals affected must be taken care of, isolated, treated, and their condition must be carefully monitored.

5. Dead animals must be taken care of, either buried or incinerated; consumption of meat from these animals is strictly prohibited.

6. Preventive vaccination in the surrounding areas which are not yet affected by the epizooty must be immediately organized.

7. Guidelines or resolutions must be submitted to prohibit all movements of animals of all kinds in the areas affected by an epizootic outbreak, until the disease is well under control.

8. Simultaneously, a scrupulously accurate report must be sent to the ministry to inform it in due time of epizootic conditions as long as the disease prevails in a given province.

Upon receipt of the present guidelines, the provincial Departments of Agriculture and the regional administrative authorities will implement them strictly and in due time.

9294
CSO: 5400/5778

REPORTS ON CATTLE DISEASES IN TWO STATES

Cows Abort

Kuala Lumpur NEW STRAITS TIMES in English 6 Aug 82 p 5

[Text] **KUALA LUMPUR,** Thurs. — Veterinary Services Department Director-General Datuk Dr Osman Din said today that the disease that had been causing cows at the central animal husbandry station in Kluang to abort has been brought under control.

The cause of the outbreak has been identified as *salmonella dublin* from the family of germs that causes typhoid and diarrhoea.

It is not clear how many of the estimated 5,000 heads of cattle were

affected by the outbreak over the past six weeks but according to sources, there were about 30 or 40 deaths per week, including foetuses and calves.

The Department of Veterinary has, however, not confirmed this figure.

Past outbreaks of abortion among cattle at the station had been attributed to *bovine brucellosis* or *brucella abortus* which usually persists in sexually mature animals affecting the reproductive organs and udder causing abortion in the late stages of pregnancy.

However, *brucellosis*

has been ruled out as the cause of the outbreak.

Datuk Dr Osman said abortions among cattle were part and parcel of the farmer's lot.

He said the department had been acting fast to curb the outbreak. Measures included isolation, serological tests, hygiene control and treatment of affected animals.

Cattle from the station are sold to farmers for breeding and milk production purposes. It is understood that cattle distribution has been stopped to prevent the spread of the disease.

Hemorrhagic Septicemia

Kuala Lumpur NEW STRAITS TIMES in English 18 Aug 82 p 6

[Text]

KOTA BARU, Tues. — The cattle disease *haemorrhagice septicæmia*, which has killed 170 head of cattle and buffalo in the State since early this year has been controlled, State Director of Veterinary Services Dr Abdul Aziz Mangkat said today.

He said no new cases have been reported since June 26.

He added that about 90 per cent of the 180 re-

ported cases occurred in the Machang district.

More than 4,000 head of cattle there have been inoculated out of a total number of 15,000.

Dr Abdul Aziz said some cattle rearers have not cooperated by refusing to allow their cattle to be inoculated.

He urged members of the public to immediately report any new cases to the department for early treatment.

CSO: 5400/8433

NICARAGUA

MINISTRY REPORTS ON HOG CHOLERA OUTBREAK

Managua LA PRENSA in Spanish 23 Jul 82 p 3

[Text] The Ministry of Agricultural, Cattle Development and Agrarian Reform, MIDINRA, reported that the outbreak of hog cholera which at present is striking the Pacific area, threatens to spread to unaffected regions such as the central and northern part of the country due to frequent violations of quarantine measures by the owners of the hogs.

In March 1982 when the hog disease flared up, MIDINRA forbade the transporting of animals from the Pacific area to the areas not affected by the disease.

However, the hog raisers have recently been disobeying that order, creating a serious danger to the hog wealth of the country.

Dr Jaime Pastora, in charge of the hog program, reported the greatest number of infractions have been detected at the quarantine station of San Benito, northern highway, where many persons are surreptitiously transporting animals which could be infected.

Pastora said that severe measures will be taken against those who violate the quarantine law, including fines of 1,000 and 5,000 cordobas.

A few days ago a large number of hogs were transported into the northern departments on three light trucks. According to MIDINRA reports, the license plates of the vehicles are: BO-KK 606; MA-ZS 875 and MA-KV 263.

Between 16 and 30 June 1982, the San Isidro quarantine post turned back 20 vehicles carrying a total of 120 hogs.

MIDINRA, through the Environmental Health Department, is ordering the inspectors at the quarantine stations to be inflexible in the enforcement of the measures to prevent the spread of the hog disease to the unaffected regions of the country.

The authorities also plan to carry out an educational campaign among the hog raisers so that by complying with the provisions against the disease they protect the national economy.

9204
CSO: 5400/2201

MEXICO

BRIEFS

WORMS THREATEN CROPS--Ocosingo, Chis.--Farmers in the area are alarmed at the appearance of a strange kind of worm that is attacking grazing lands, corn fields and other crops and which has resisted all efforts to combat it. They indicated that this worm appeared shortly after the fallout of ashes caused by the eruption of the Chichonal volcano and it is understood that the same threat faced by this municipality is also being faced by the farmers of Yajalon, Tila, Simojovel, and the entire area that was affected by the volcano. In the face of the threat of losses in all plantations, the farm workers have requested help from the SARH [Secretariat of Agriculture and Water Resources], but it turns out that the insecticides and other chemical products supplied by the above mentioned secretariat to eliminate insects have had no effect and the worms continue to destroy crops. [Text of article by Pablo Castaneda, EXCELSIOR correspondent] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 30 Jul 82 p 4] 8255

MEXICAN FRUIT FLY DAMAGE--Jalapa, Ver., 28 Jul --The Mexican fruit fly has decimated the fruit production of the area and damaged 70 percent of the fruit trees, principally mango and citrus, that are infested by the insect, said biologist Patricio Sanchez Ortega, chief of the SARH [Secretariat of Agriculture and Water Resources] Center for the Breeding of Beneficial Insects. He indicated that to decrease the substantial annual losses suffered by the Veracruz fruit sector, a biological control program is being implemented to combat the fly and to decrease the contamination caused by infestations. [Text of article by Jose Luis Hernandez, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 29 Jul 82 p 34-A] 8255

CSO: 5400/2205

SWAZILAND

RED LOCUSTS DEMOLISH SIMUNYE SUGAR

Mbabane THE TIMES OF SWAZILAND in English 26 Aug 82 p 3

[Article by Mashumi Twala]

[Text] A red alert has been issued for red locusts in the Simunye Sugar cane fields, following the discovery and subsequent destruction of the locusts which had destroyed almost a whole crop at Simunye.

Red Locusts invaded the sugar cane plantations at Simunye in Northern Swaziland.

But no one at Simunye was able to explain why they had not noticed the insects, according to a statement from the Ministry of Agriculture and Cooperatives.

The statement said the locusts which were discovered to have been at Simunye since May or June this year were noticed over the weekend, a few days after Swaziland was declared non-infected by the insects.

But the locusts have since been wiped out.

The statement said: "Had it not been for a visit by an entomologist from the Mount Edgecombe Sugar Research Station who identified these insects as locusts, the probability is that the locusts would have been gone on happily chomping away at the cane leaves with everyone racking their brains as to how to get rid of these voracious insects."

The statement continued: "As soon as a definitive existence of red locusts had been confirmed the secretary-general of the Southern African Conference for the Conservation and Utilization of the Soil (SARCCUS) was alerted and he immediately informed the Ministry of Agriculture and Cooperatives in Swaziland. Consultations between the ministry of Agriculture in South Africa through the proper channels, resulted in assistance in the form of a helicopter, chemicals and personnel being offered to come to Swaziland at comparatively short notice to effect control of the locusts. It can be safely said that these locusts which received the spray are all dead."

It pointed out that the spraying crew from South Africa will inspect a few other blocks of sugar cane land in which locusts were reported seen a week and a half ago today and if any locusts are found they will be sprayed also if the weather permits.

"As it is not known how these red locusts arrived and established themselves at Simunye, everybody is requested to be on the lookout for the presence of exceptionally large numbers of grasshoppers and have these notified immediately to the nearest officer of the Ministry of Agriculture and Co-operatives," said the statement.

The statement comes almost a week after an article in The Times which warned of a possible invasion of red locusts in Swaziland.

CSO: 5400/5769

VIETNAM

SPREAD OF VEGETABLE PESTS REPORTED

Hanoi HANOI MOI in Vietnamese 11 Jun 82 p 1

[Article by the Hanoi Plant Protection Station: "The Vegetable Pest Situation"]

[Text] In recent days, weather conditions have not been favorable to vegetable growth--lingering scorching heat, days with hot winds, and insignificant rainfalls. Nearly all vegetables were affected by drought which resulted in poor growth. These conditions were very favorable to the appearance and damaging activities of a number of insects and diseases.

1. Pest on Bindweed:

(a) Vegetable cutworms are causing harm to large areas. Insect density is rather high, mostly composed of 2nd and 3rd instar worms. In Thanh Tri, that density reaches 100 to 120 worms per square meter and on a large scale, affecting nearly all cooperatives. Cutworms are also being seen in Tu Liem, severely damaging large areas. High insect concentrations are injuring asparagus bean leaves, causing poor growth and low vegetable quality.

(b) Entire bindweed areas in Yen So and Thanh Tri cooperatives have been destroyed by gray leafhoppers; however, the damaged areas are not large. Insect density reached 2,000 to 3,000 worms per square meter, mostly composed of 1st and 2nd instar gray leafhoppers. In certain places, that density averaged 400 to 500 worms per square meter, even reaching 4,000 to 5,000 per square meter. In general, hot weather conditions were very favorable to large-scale cut worm activities.

2. Forecasts:

- During June and July, there will continually be hot weather and rainfalls--a propitious time for gray leafhoppers to appear and damage bindweed with high insect concentrations, making it impossible for it to grow.
- Unless proper prevention and control are achieved, cut worms will be more virulent, damaging vegetable and bean yields.
- Leafrollers will continue to damage from the beginning of June. These are dangerous insects which require proper prevention and control.

- Moreover, attention must be paid beanpod borer pests which may reappear and cause damage during the month of June.

3. Prevention and Control Measures:

- The water problem for vegetables must be properly solved. At the same time, vegetables must continually be nursed to help them grow properly.

- Large quantities of insecticides must be sprayed against cut worms and gray leafhoppers; however, the insecticide 666 (6 percent solution) must not be used on vegetables.

- The growth and damaging action of pests must be regularly monitored with a view to devising proper prevention and control measures and to save insecticides.

9213

CSO: 5400/5734

VIETNAM

MEASURES TO EXTERMINATE 10TH-MONTH SEEDLING PESTS ANNOUNCED

Hanoi HANOI MOI in Vietnamese 22 Jun 82 p 1

[Article by the Hanoi Plant Protection Institute: "Notice on 10th-Month Seedling Pests"]

[Text] At present, moths are fully grown, and are laying eggs in large quantities on early and middle-season 10th-month rice seedlings which have grown 1 or 2 leaves or more, and on tillering summer-autumn rice. Without proper prevention and control, the young worms will cause 10th-month seedlings and the summer-autumn rice to wither to a high degree. Furthermore, brown leafhoppers will transfer from late spring rice plants to 10th-month seedlings and summer-autumn rice plants, and will continue to damage the coming 10th-month rice crop. Rice skippers and paddy thrips also have appeared on 10th-month seedlings at a number of places.

Prevention and Control Measures:

(1) Keep track of moth growth and egg laying on 10th-month seedlings and summer-autumn rice plants in each zone. Organize prevention and control for 10th-month seedlings having 2 to 3 leaves or more, and for tillering summer-autumn rice, especially 10 days after the moths have reached full growth, by using a number of existing insecticides (Wofatox, 666, Basudin), and in coordination with measures to prevent and control brown leafhoppers, rice skippers, paddy thrips, and a number of other harmful insects.

Guide and organize cooperative members to nip nests of stem borer eggs on seedlings and on summer-autumn rice plants, thus reducing the number of young worms capable of causing seedlings and rice to wither.

(2) Places where chrysalises exist because of delayed metamorphosis, and where the fields have water and can retain it following the harvesting of spring rice, plough the surface to immerse the roots in water so as to exterminate stem borer chrysalises and reduce the number of moth eggs to be laid on 10th-month seedlings.

9213
CSO: 5400/5734

VIETNAM

BRIEFS

PEST PREVENTION MEASURES--According to the Plant Protection Department of the Ministry of Agriculture, brown leafhoppers are fully hatched in many northern provinces and cities. Their density on early rice reaches 100 to 300 insects per square meter, and even 1,000 to 1,500 insects per square meter in places such as Lang Son, the districts of Luc Ngan (Ha Bac), Quang Xuong and Dong Thieu (Thanh Hoa). Continued incubation will give rise after 20 August to a concentration of over 300 insects per square meter and on a wide scale. In many places, leaf folders reach a density of 10 to 30 insects per square meter; moths, being seen in scattered places, will attain full development between 15 and 25 August. Remedial measures must include inspection, detection and extermination of young worms with kerosene in fields showing a density of 100 insects or more per square meter, and the use of nets, bags, kerosene lamps and chemical sprays to suppress moths, young worms and leaf folders. [Text] [Hanoi NHAN DAN in Vietnamese 17 Aug 82 p 4] 9213

BEN TRE ELIMINATION OF BLIGHT--Peasants in Ben Tre Province have saved some 9,000 out of 10,000 hectares of early 10th-month rice affected by insects and blight. Provincial agricultural cadres have been sent to help villages and hamlets discover and eliminate insects. They are guiding districts, production collectives and cooperatives in urgently transplanting the entire area of 18,000 hectares of early 10th-month rice according to schedule. [BK020957 Hanoi Domestic Service in Vietnamese 0400 GMT 2 Sep 82]

CSO: 5400/5786

END